

<b>Case Number:</b>	CM15-0108791		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male, who sustained an industrial injury on 11/26/2013. The current diagnoses are lumbar spine sprain/strain and bilateral lower extremity radiculopathy. According to the progress report dated 4/13/2015, the injured worker complains of sharp, burning low back pain with radiation to his left lower extremity. The pain is associated with numbness. The level of pain is not rated. The physical examination of the lumbar spine reveals tenderness, decreased range of motion, decreased strength, and sensory deficit. The current medication list is not available for review. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, electrodiagnostic testing, acupuncture, and epidural steroid injection. The plan of care includes repeat MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Repeat Lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 313. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back Complaints Section: MRIs.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the management of patients who are slow-to-recover from an occupational injury to the low back (Algorithm 12-3). Patients with anatomic and physiologic evidence of nerve root compression are recommended to undergo a surgical evaluation. In this case, the records indicate that this was done. The patient had an MRI of the lumbar spine in January 2015 as well as prior EMGs which both corroborated nerve root compression of L5-S1. However, there is no evidence in the medical records since the time of the prior MRI that there has been a significant change in symptoms or findings. The Official Disability Guidelines comment on the indications for repeat MRI. These guidelines state the following: Repeat MRI: When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In summary, in this case, the patient already has evidence from an MRI completed in January 2015 and electrophysiologic studies that he has nerve root compression. There is no documentation to indicate a significant change in symptoms or findings on examination to indicate a need for a repeat MRI. Therefore, a repeat MRI is not considered as medically necessary.