

<b>Case Number:</b>	CM15-0112288		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old, male who sustained a work related injury on 5/13/14. The diagnoses have included lumbosacral spine strain/sprain and lumbar radiculopathy. Treatments have included modified activities and medications. In the PR-2 dated 6/4/15, the injured worker complains of low back pain. He describes the pain as stabbing, moderate to severe with "profound" limitations and frequent. He has radiating, shooting pain down right leg. He reports one episode of loss of bladder control. The treatment plan includes a request for an 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:

**MRI (Magnetic Resonance Imaging) with gadolinium contrast of the lumbar spine per 04/29/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, (updated 05/15/15- Online Version, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation ODG, Low Back, MRI.

**Decision rationale:** The patient presents with frequent, stabbing, moderate to severe low back pain with "profound" limitations. The current request is for MRI with gadolinium contrast of the lumbar spine per 04/29/15 order. The treating physician states, in a report dated 04/29/15, "Therapeutic goals are falling short of expectations. Patient is not recovering as expected and further diagnostic testing is indicated at this time. Testing is being requested to assist in clinical decision-making to evaluate other therapeutic avenues. Imaging: MRI Spine Lumbar with gadolinium (contrast)" (18B) ACOEM Guidelines do not recommend MRI of the lumbar spine in the absence of "unequivocal objective findings that identify specific nerve compromise on neurologic examination." The ODG guidelines state for repeat MRI, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician has documented an MRI of the lumbar spine was taken back on 09/18/14 which noted, "Multilevel relatively mild degenerative disk disease but no central canal or neural foraminal narrowing." (18B) Although the patient has been diagnosed with Lumbar radiculopathy, the treating physician has failed to explain why a repeat MRI of the Lumbar spine is warranted as there is no documented significant changes or red flags noted. The current request is not medically necessary.