

<b>Case Number:</b>	CM15-0115505		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/17/2008
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, North Carolina  
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 with an industrial injury dated 10/17/2008. The injured worker's diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus and lumbar facet arthropathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/20/2015, the injured worker reported low back pain with radiation of numbness, tingling and cramping pain to the bilateral lower extremities extending down to the toes. Objective findings revealed severely antalgic gait with use of cane, hypertonicity, tenderness to palpitation and limited range of motion due to pain in thoracic and lumbar spine. The treating physician prescribed services for repeat Magnetic Resonance Imaging (MRI) of the lumbar spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the Lumbar Spine:** 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), Treatment Index, 13th Edition (web), 2015, Low Back, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (MRI).

**Decision rationale:** The request is for a repeat MRI of the lumbar spine. Date of injury was in 2008. The ODG states that a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or objective findings suggestive of significant pathology. In this case, no significant changes in symptoms or objective findings are evident in the medical records submitted. There is no indication of progressive neurologic deficits to justify a repeat MRI therefore the request is not medically necessary.