

<b>Case Number:</b>	CM15-0117446		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	11/23/2005
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 female, who sustained an industrial injury on 11/23/05. She reported low back pain. The injured worker was diagnosed as having low back pain, herniated disc, sciatica, and lumbar radiculopathy. Treatment to date has included physical therapy, a lumbar transforaminal epidural injection at L5-S1, and selective nerve root blocks at L5-S1, trigger point injections, and medication including Norco, Naprosyn, and Gabapentin. Physical examination findings on 5/18/15 included tenderness and spasm in the lumbosacral spine. Limited range of motion and right sided L5 radiculopathy was noted. A mildly positive straight leg raise was also noted. Currently, the injured worker complains of back and bilateral knee pain. The treating physician requested authorization for a MRI of the lumbar spine. An MRI of the patient's lumbar spine dated August 2, 2012 was provided for review. A report dated April 9, 2015 states that the patient had an MRI done previously which was unavailable for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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, Low Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.