

<b>Case Number:</b>	CM15-0119877		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/13/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 40-year-old male, who sustained an industrial injury on 12/13/2014. Diagnoses include lumbosacral neuropathy. Treatment to date has included diagnostics, medications including oral Tramadol, Protonix, Cyclobenzaprine/Gabapentin gel, Flurbiprofen cream and Tramadol cream and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/03/2015, the injured worker reported improvement in pain level after physical therapy. He rated his pain as 5/10. Physical examination revealed decrease in muscle spasm and improved gait. The plan of care included radiographic imaging to rule out herniated nucleus pulposus and fracture of the lumbar spine. Authorization was requested for magnetic resonance imaging (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 to Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, MRI.

**Decision rationale:** The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. There is little compelling objective evidence to support an interval change that warrants a repeat study (last MRI was 1/27/15). The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Previous MRI has provided insight into the patient's current anatomy and repeat imaging at this time is unlikely to reveal clinically significant changes. Without further indication for imaging, the request for MRI at this time is not medically necessary per the guidelines.