

<b>Case Number:</b>	CM15-0126282		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	10/06/2009
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Massachusetts

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 48-year-old male, who sustained an industrial injury on 10/6/09. The injured worker has complaints of low back pain and left knee pain. The documentation noted that range of motion is limited due to pain and straight left raise test is positive on the left. The diagnoses have included radicular syndrome (thoracic and lumbosacral); lumbago and piriformis syndrome and sciatica. Treatment to date has included trazodone; magnetic resonance imaging (MRI) of the lumbar spine showed moderate to severe right sided and severe left-sided neural foraminal stenosis and medications. The request was 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 lumbar spine:** Upheld

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

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** The claimant sustained a work injury in October 2009 and continues to be treated for low back and left knee pain. He underwent a lumbar discectomy in January 2011. Postoperative imaging has included MRI scans in May 2011, November 2011, and November 2013. When seen, there was decreased and painful lumbar spine range of motion. There was diffuse lumbar tenderness. Straight leg rising was positive on the left side. There was left knee crepitus with joint line tenderness and positive anterior drawer testing. There was decreased left lower extremity sensation. The claimant's BMI was over 38. Guidelines indicate that a 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). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology and the claimant has already had three post-operative MRI scans of the lumbar spine. The requested MRI was not medically necessary.