

<b>Case Number:</b>	CM15-0127003		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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 57 year-old female, who sustained an industrial injury on 1/25/2011. Diagnoses include chronic low back pain, left sciatica, lumbar degenerative disc disease, status post apparent meningitis and possible cerebrovascular accident (CVA), and lumbar stenosis. Treatment to date has included diagnostics including electrodiagnostic testing, functional capacity evaluation, transcutaneous electrical nerve stimulation (TENS), medications including opioid pain medications, specialist consultations, use of a cane for ambulation, and physical therapy. Magnetic resonance imaging (MRI) of the lumbar spine (7/27/2012) was read by the evaluating provider as showing high grade stenosis from L2-S1, 5mm sub ligamentous extrusion at L2-3, 4mm protrusion at L3-4, high grade foraminal stenosis at left L2-3, L3-4 and bilateral L5-S1. Per the Primary Treating Physician's Progress Report dated 6/16/2015, the injured worker reported chronic low back pain with radicular symptoms to the left lower extremity down to the toes with intermittent weakness in the left lower extremity. Physical examination of the lumbar spine revealed tenderness to palpation in the lower lumbar spine and left lower paraspinal region with extension of tenderness into the left buttock. Seated straight leg raise was positive on the left. The plan of care included diagnostics and authorization was requested for 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, outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient has chronic low back pain, with radicular symptoms to the left lower extremity extending to her foot. The current request is for MRI lumbar, outpatient. The treating physician has requested a psychological consultation with [REDACTED] for the patient. He is also requesting repeat dynamic x-rays and MRI of the lumbar spine and a neurosurgical consultation with [REDACTED]. The Official Disability Guidelines (ODG) states that repeat MRI is not routinely recommended, and should be reserved for a significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the records indicate that a previous MRI scan was performed on 7/27/12, and a CT scan was performed on 6/9/13, noting retroscoliosis with severe multilevel discogenic DDD and posterior element hypertrophy causing progressive central canal stenosis greatest at L5/S1. According to the 6/16/15 attending physician report, electrodiagnostic studies were performed during a QME by [REDACTED] on 12/17/13 which according to the medical records, the studies were normal. In this case, the records do not reflect any neurological progression to warrant a repeat MRI. To date the patient had x-rays, followed by a CT scan of the lumbar spine, followed by an MRI of the lumbar spine, followed by a dynamic x-ray study to rule out instability and pars defect. The available medical records do not support medical necessity for a repeat MRI scan at this time.