

<b>Case Number:</b>	CM15-0046614		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Texas, California  
 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:

This is a 31 year old female patient, who sustained an industrial injury on July 11, 2014. The current diagnoses include acute low back pain and lumbar radiculopathy. She sustained the injury while lifting a watermelon. Per the doctor's note dated 2/16/2015, she had complains of low back pain with radiation to the left lower extremity and left buttock. Physical examination revealed able to walk with some difficulty, an antalgic gait, limited lumbar range of motion, moderate tenderness to palpation of the lumbar paraspinal muscles, positive straight leg raise bilaterally, 4/5 strength in left lower extremity and decreased sensation in the L5 distribution. The medications list includes norco and neurontin. She has had lumbar MRI on 8/6/2014, which revealed mild degenerative changes at L5-S1 with mild protrusions; EMG/NCS dated 10/21/2014 which revealed left peroneal neuropathy non localized. She has had epidural steroid injection, acupuncture and physical therapy for this injury.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Low Back (updated 04/15/15)MRIs (magnetic resonance imaging).

**Decision rationale:** Request: MRI Lumbar Spine. Per ODG low back guidelines "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)." Patient has already had lumbar spine MRI dated 8/6/2014 which revealed mild degenerative changes at L5-S1 with mild protrusions; EMG/NCS dated 10/21/2014 which revealed left peroneal neuropathy non localized. Significant change in signs or symptoms since these diagnostic studies that would require lumbar MRI is not specified in the records provided. Response to recent conservative therapy including physical therapy or acupuncture is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. The medical necessity of MRI Lumbar Spine is not established for this patient. The request is not medically necessary.