

<b>Case Number:</b>	CM15-0075021		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	02/28/2006
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: 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 46 year old female, who sustained an industrial injury on 2/28/2006. The medical records submitted for review did not include the details regarding the initial injury. Diagnoses include low back pain, status post multiple lumbar surgeries, two in 2006, with post-operative complication including MRSA, followed by lumbar fusion in 2011 and 2012. Treatments to date include medication therapy, physical therapy, epidural steroid injections, and TENS unit. Currently, she complained of back pain with increased symptoms to the left leg including paresthesia and numbness. On 2/13/15, the physical examination documented tenderness, trigger points, muscle spasm and decreased range of motion in lumbar spine and Sacroiliac (SI) Joints. The plan of care included an MRI for lumbar spine to investigate increased left leg symptoms.

### 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 without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter: Low Back - Lumbar & Thoracic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Magnetic Resonance Imaging.

**Decision rationale:** MTUS Guidelines do not specifically address this issue of repeat MRI studies for the low back. ODG Guidelines specifically address this issue and support repeat MRI studies if there is a significant change in a patients symptoms of physical signs. The reporting worsening numbness/weakness in the left leg qualifies as a significant change in symptoms s/p prior spinal surgery. Under these circumstances, the MRI of the lumbar spine without contrast is supported by Guidelines and is medically necessary.