

<b>Case Number:</b>	CM15-0098919		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	12/07/2009
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: New Jersey, New York  
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:

The injured worker (IW) is a 62-year-old female who sustained an industrial injury on 12/07/2009 due to an auto accident. Diagnoses include lumbar disc syndrome, lumbar radiculopathy and lumbar stenosis. Treatment to date has included medications, aqua therapy and physical therapy. MRI of the lumbar spine on 10/19/13 noted a 4mm disc bulge with foraminal narrowing and facet hypertrophy at L5-S1; 3mm disc bulges with foraminal narrowing and facet hypertrophy at L3-4 and L4-5; and a 2mm disc bulge at L2-3. According to the progress notes dated 3/30/15, the IW reported low back pain radiating into both lower extremities posterolateral to the ankle with muscle spasms in the feet and numbness in the toes. The problem gets worse with sitting. On examination, Achilles tendon reflexes were absent, there was some weakness in the dorsal/plantar flexion on the left and straight leg raise was positive at 80 degrees bilaterally. A request was made for an 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 of the 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, MRI.

**Decision rationale:** The request for a repeat MRI is medically unnecessary. The MTUS does not address repeat MRIs. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. There is no clear documentation of worsening symptoms or signs, progressing neurological deficits, and red flags. The patient has had lower back pain with radiculopathy to lower extremities with similar exam findings. There has been no change. Because of these reasons, the request for a repeat lumbar MRI is medically unnecessary.