

<b>Case Number:</b>	CM13-0006169		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/20/2008
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services.

### 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 claimant is a 51-year-old gentleman who was injured in a work related accident on 05/20/08 sustaining an injury to the low back. The most recent physical examination for review is 08/06/13 with [REDACTED]. The claimant was noted to be with ongoing complaints of low back pain as well as right wrist pain and thumb pain. Documented at that time was only examination to the thumb and wrist. He was given a diagnosis of lumbar strain with an L4-5 herniated disc. Specific treatment of the lumbar spine was not noted at that time. A prior assessment of 07/30 showed a positive right greater than left straight leg raise with equal and symmetrical distal deep tendon reflexes and an antalgic gait with use of a cane. Subjectively, the claimant was noted to be with mid and low back pain with radiating bilateral leg pain. The plan at that time was for pain management and follow up with [REDACTED] as well as repeat MRI scans of both the thoracic and lumbar spine for further assessment. Prior review of records show a 2011 MRI had demonstrated L2-3 central stenosis with L3-4 moderate stenosis with bilateral L4 nerve root compression and multifactorial stenosis at L4-5 with mild bilateral neural foraminal narrowing. L5-S1 was with multifactorial central and lateral recessed stenosis and facet arthropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One (1) MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** Based on California ACOEM Guidelines, a thoracic MRI would not be indicated. The claimant's current physical examination does not demonstrate thoracic findings that would support the need of acute imaging in the form of MRI. California ACOEM Guidelines indicate that unequivocal objective findings or nerve root compromise on neurologic examination are sufficient evidence to warrant imaging in claimant's who are nonresponsive to treatment. The absent physical exam findings stated would fail to necessitate this request as stated.

**One (1) MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** Based on California ACOEM Guidelines, an MRI of the lumbar spine would not be indicated. An MRI of the claimant's lumbar spine was recently performed in 2012 with no indication of significant change in symptoms on recent examination findings. Guidelines would only indicate the role of MRI scan and unequivocal evidence of objective findings that identified specific nerve compromise on assessment. As stated, previous MRI scan and physical examination for review do not necessitate significant change to objective findings for which further testing would be warranted.