

<b>Case Number:</b>	CM13-0027325		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has admitted a claim for lumbago associated with an industrial injury date of March 6, 2009. A utilization review from August 29, 2013 denied the request for lumbar spine upright MRI due to no documentation of the diagnosis/condition for which a repeat study is indicated. The treatment to date has included physical therapy, traction, anterior cervical discectomy and fusion, and opioid and non-opioid pain medications. Medical records from 2013 were reviewed showing the patient complaining of pain and discomfort in the neck. The patient has difficulties with performing activities of daily living due to pain. The patient is currently on OxyContin, Norco, Robaxin, and Lorazepam. On examination, there was tenderness over the SI joints and spinous processes of the cervical spine. Cervical spine range of motion was limited with notable spasms. Motor strength in the upper extremity was normal. Sensory exam of the left C8 dermatome was noted to be hypersensitive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR SPINE UPRIGHT MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Minnesota Rules, Parameters for Medical Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complained mostly of neck pain. There was no indication that the patient was having any low back complaints. Physical exam did not demonstrate any lumbar spine findings or neurological deficits concerning the lower extremities. A change or progression in neurologic findings was not established. Therefore, the request for lumbar spine upright MRI is not medically necessary.