

<b>Case Number:</b>	CM13-0041586		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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. 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 a 59-year-old female who reported an injury on 05/13/2009. The patient is diagnosed with cervical radiculopathy, lumbar sprain and strain, and right shoulder sprain and strain. The patient was seen by [REDACTED] on 10/28/2013. The patient reported ongoing neck and lower back pain. Physical examination revealed tenderness to palpation with spasm in the cervical spine and moderate spasm in the lumbar spine with positive straight leg raising. Treatment recommendations included continuation of current medication, TENS therapy, an MRI of the lumbar spine, Electromyogram and Nerve Conduction Studies (EMG/NCS) of bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for MRI of the Lumbosacral Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the clinical notes submitted, the patient has continuously reported lower back pain. There is no documentation of a significant change in the patient's physical examination that would indicate the need for an MRI. The patient's physical examination on the requesting date of 10/28/2013 only revealed paraspinal muscle spasm and positive straight leg raising. There were no plain films obtained prior to the request for an MRI. There is also no evidence of a recent failure to respond to at least one month of conservative therapy. There is no documentation of sensory or neurologic deficit upon physical examination. The medical necessity has not been established. Therefore, the request for MRI of the Lumbosacral Spine is not medically necessary and appropriate. .