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| <b>Case Number:</b>   | CM13-0042042 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 11/05/2012 |
| <b>Decision Date:</b> | 02/18/2014   | <b>UR Denial Date:</b>       | 10/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2013 |

### 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 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 58-year-old male who reported an injury on 11/05/2012. He drove his forklift and crashed into another forklift. The patient reportedly sustained a cervical and low back injury. The patient underwent an electrodiagnostic study of the cervical spine and bilateral upper extremities that revealed chronic bilateral C7 radiculopathy. The patient underwent an MRI that revealed a disc bulge at the L3-4 impinging the exiting nerve roots, a disc bulge at the L4-5 with facet arthropathy, and a disc bulge at the L5- S1 impinging the exiting nerve roots. Conservative treatments included chiropractic care and physical therapy. The patient's most recent clinical examination findings included lumbar spine pain rated at an 8/10 with tenderness to palpation in the lumbar Para spinal musculature and restricted range of motion secondary to pain. The patient's diagnoses included sprains and strains of the back and neck, and cervical intervertebral disc displacement without myelopathy. The patient's treatment plan included an Electro myogram/Nerve Conduction Studies of the lower extremities, an MRI of the lumbar spine, and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Magnetic Resonance (EG, Proton) Imaging, Spinal canal and contents, for Lumbar Spine; without contrast material:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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) Low Back Chapter, MRI.

**Decision rationale:** The requested magnetic resonance imaging is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints. The American College of Occupational and Environmental Medicine recommends imaging studies for patients who have definitive neurological deficits. The clinical documentation submitted for review did not provide any objective evidence of neurological deficits. Additionally, Official Disability Guidelines do not recommend repeat imaging unless there is evidence of progressive neurological deficits or a significant change in pathology. The clinical documentation submitted for review does provide evidence that the patient previously underwent an MRI. There has been no significant change in the patient's clinical presentation to support an additional MRI. As such, the requested magnetic resonance (EG, proton) imaging, spinal canal and contents, for lumbar Spine; without contrast material is not medically necessary or appropriate.