

<b>Case Number:</b>	CM13-0047651		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Internal Medicine and Pulmonary Disease, 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 injured worker is a 55-year-old male with a reported date of injury on 10/03/2013. The injury reportedly occurred when the injured worker was pulling down a dock door. His diagnoses were noted to include cervical sprain/strain and lumbar region sprain/strain. His previous treatments were noted to include physical therapy, chiropractic care, and medications. The progress note dated 10/07/2013 revealed the injured worker complained of constant neck pain that was described as dull and low back pain described as dull rated 7/10. The injured worker revealed the pain radiated from the neck down to both shoulders and the back down to the left lower limb. The injured worker reported numbness to the left lower limb. The physical examination revealed the cervical spine exhibited decreased range of motion, tenderness to the paraspinal muscles, and pain. The lumbar back physical examination revealed decreased range of motion, tenderness to paraspinal muscles, pain and spasms. There was a negative straight leg raise and normal sensation with normal strength and normal reflexes. The provider indicated to consider an MRI if he failed to improve. The progress note dated 04/22/2014 revealed the injured worker complained of frequent neck and low back pain. The neck pain was present with neck movements and radiated down the medial aspect of the scapula and into the right triceps area. The neck pain rated 5/10. The lower back pain was present with muscle spasms and pain that radiated into the left leg rated 7/10. The physical examination of the lumbar spine revealed tenderness present in the paralumbar muscles, sacroiliac joints, and sciatic notch bilaterally from L4-S1. The range of motion to the lumbar spine was decreased with a positive straight leg raise and Braggard's test on the left side. There was a positive Kemp's sign and Patrick's and Faber test bilaterally for lumbosacral pain. The deep tendon reflexes were rated 2+ in the bilateral lower extremities. The injured worker revealed 3/5 left lower extremity and 5/5 in the bilateral upper extremities for motor muscle strength. The sensory examination revealed hypoaesthesia,

left L4-S1 dermatomes. The request for authorization form dated 10/22/2013 was for an MRI of the lumbar spine; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for an MRI of the lumbar spine is non-certified. The injured worker has clinical findings consistent with lumbar radiculopathy. The CA MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. 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 such as an MRI for neurological deficits. The guidelines state an MRI can be used to identify and define low back pathology in regards to disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. The injured worker was shown to have tenderness in the L4-S1 dermatomal distribution as well as a positive straight leg raise. However, there is a lack of documentation showing significant neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request is non-certified.