

<b>Case Number:</b>	CM13-0050900		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 reported an injury on 07/06/2012. The patient was reportedly injured while assisting a client out of the bathtub. The patient is currently diagnosed with cervical and thoracic spine strain, rule out cervical radiculopathy, prior anterior cervical fusion in 2005, left shoulder impingement syndrome, rule out rotator cuff tear, lumbar spine strain, rule out lumbar radiculopathy, anxiety, depression, stress, and insomnia. The patient was seen by [REDACTED] on 10/08/2013. The patient reported persistent pain in the neck, left shoulder, and lower back. The patient was attending physical therapy. Physical examination revealed positive Neer testing on the left, positive Allen's testing on the left, positive supraspinatus testing on the left, muscle guarding and spasm in the thoracic spine, and tenderness of the paraspinal musculature. Treatment recommendations included authorization for an MRI of the cervical, thoracic, and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE TESTING OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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, Magnetic Resonance Imaging

**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. Official Disability Guidelines state MRI is indicated for thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with an emergence of red flags or after at least 1 month of conservative therapy, and myelopathy. As per the documentation submitted, the patient's physical examination only revealed muscle guarding and spasm with tenderness to palpation. There was no documentation of an emergence of red flags. There was also no mention of an exhaustion of at least 1 month of conservative therapy. There was no objective evidence of a neurological deficit. Based on the clinical information received, the request is non-certified.