

<b>Case Number:</b>	CM13-0052689		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/20/2008
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/10/2013
<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 Occupational Medicine, 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and reported return to some form of work. An earlier note of February 20, 2013 is notable for comments that the applicant exhibits 5/5 lower extremity strength. He was described as working as of that point. Lumbar MRI imaging was also sought at that point in time with positive straight leg rising appreciated. In an October 9, 2013 progress note, it is stated that the applicant has low back pain with numbness about the legs, 6/10. Multifocal elbow, shoulder, wrist, and hand pain are also noted. No lumbar spine exam was performed. MRI imaging was sought. The applicant is returned on unrestricted work. In a Utilization Review Report of October 10, 2013, the claims administrator denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. A later note of November 20, 2013 is notable for persistent complaints of 7/10 low back pain with numbness about the legs. Multiple other body parts, including the shoulder, elbow, and wrists were also symptomatic. Lumbar MRI imaging was sought while the applicant was again returned to regular work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, unequivocal evidence of neurologic compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider a surgical remedy were it offered to them. In this case, however, there is no indication that the applicant is a surgical candidate and/or will consider a surgical remedy were it offered to him. None of the recent progress notes provided establish the presence of neurologic compromise on exam. No recent neurologic exams involving the lower extremities have been performed. The applicant was described as exhibiting 5/5 strength in an earlier February 2013 office visit. It is not clearly stated that the applicant is considering a surgical remedy here. It is further noted that the applicant's multifocal pain complaints argue against any focal lumbar radiculopathy for which surgical intervention would be indicated. For all these reasons, then, the original utilization review decision is upheld. The request remains non-certified.