

<b>Case Number:</b>	CM13-0055147		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Physician Medicine and Rehabilitation 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 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:

This female patient sustained a neck injury when his vehicle was rear-ended on 2/23/13 while employed by [REDACTED]. Request under consideration include MRI for the Lumbar Spine. Multiple reports have noted treatment for the neck. There is history of low back treatment with prior lumbar micro-discectomy in 2010. Request for MRI of lumbar spine was non-certified on 11/14/13 citing guidelines criteria, lack of medical necessity, and non-provision of CT scan of lumbar spine performed after MVA. Report of 12/20/13 noted patient with complaints of persistent low back and left leg radicular pain along with bilateral shoulder pain. Level of pain is 5-6/10 and 0/10 with medications. The physician noted having reviewed the utilization review of non-certification and noted patient did not inform him a CT scan has been done. Exam showed mild paraspinal tenderness, SLR on left at 60 degrees; strength 4/5 in left gastroc; otherwise 5/5 throughout; and sensation grossly intact in all dermatomes. Diagnoses were cervical spine strain; thoracic spine strain; lumbar strain with radiation into bilateral lower extremities, rule out discopathy; bilateral shoulder strain, rule out internal derangement; and post-traumatic cephalgia. The physician noted request will be made for CT scan results. She has not had any recent physical therapy since the MVA had re-aggravated her back and leg pain and will request for PT 2x6. "If the pain is not improved after the physical therapy, the next step would likely be a new MRI of the lumbar spine."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** This female patient sustained a neck injury when his vehicle was rear-ended on 2/23/13 while employed by [REDACTED]. Request under consideration include MRI for the Lumbar Spine. Multiple reports have noted treatment for the neck. There is history of low back treatment with prior lumbar micro-discectomy in 2010. Request for MRI of lumbar spine was non-certified on 11/14/13 citing guidelines criteria, lack of medical necessity, and non-provision of CT scan of lumbar spine performed after MVA. Report of 12/20/13 from [REDACTED] [REDACTED] noted he was unaware the patient had undergone a CT scan. Exam of the lumbar spine showed mild tenderness and 4/5 at left gastroc; otherwise with intact sensation and motor strength of all muscle groups. It was noted the patient has not had any recent physical therapy since the MVA that re-aggravated her back and leg pain and will request for PT 2x6. "If the pain is not improved after the physical therapy, the next step would likely be a new MRI of the lumbar spine." Submitted reports have not demonstrated any failed conservative treatment as noted by provider. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. The patient has noted pain level to be 0/10 scale with medication use. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI for the Lumbar Spine is not medically necessary and appropriate.