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| <b>Case Number:</b>   | CM13-0055426 |                              |            |
| <b>Date Assigned:</b> | 06/09/2014   | <b>Date of Injury:</b>       | 08/05/2003 |
| <b>Decision Date:</b> | 11/20/2014   | <b>UR Denial Date:</b>       | 11/14/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/19/2013 |

### 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 Emergency 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:

The injured worker is a 45-year-old male who reported an injury on 08/05/2003. The mechanism of injury was not provided. On 08/28/2014, the injured worker presented with numbness in the bilateral hands, shoulder pain bilaterally, and low back pain. Upon examination, the injured worker has a 25% decrease in range of motion in the neck and shoulder, tenderness and trigger points noted upon palpation bilaterally. There were also complaints of spasms. There was a positive improvement sign bilaterally, a positive Neer's, Hawkins, and O'Brien's test. The diagnoses were cervical degenerative disc disease, lumbar herniated nucleus pulposus at L5-S1 with radiculopathy bilaterally, and degenerative disc disease, bilateral shoulder impingement secondary to over use and with elbow status post ulnar nerve anterior subcutaneous transfer with residual pain in ulnar nerve symptoms. Prior therapy included medications. The provider recommended MRI of the lumbar spine; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI (MAGNETIC RESONANCE IMAGE) OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is stated that when the neurologic is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documentation failed to show evidence of a significant neurologic deficit on physical examination. Additionally, the documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical exam, a MRI is not supported by the referenced guidelines. As such, medical necessity has not been established.