

<b>Case Number:</b>	CM13-0057832		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 is licensed to practice in Maryland. 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 employee was a 54-year-old male who sustained an industrial injury on 02/02/06. He had a history of posterior lumbar interbody fusion at L5-S1 on 12/05/07. The progress note from 10/30/13 was reviewed. He was reportedly rear ended on the 15 freeway, causing him to reinjure his neck and spine. He reported that his neck had a stiff neck and he was having headaches. He also had lower back tightening and pain. He also had pain running up his back to his shoulder when he turned right or left. He was seen in an Urgent care on 10/25/13 where x-rays were taken, but he had not heard about his results. His medications included Motrin, Flexeril, Norco and Lidocaine patches. He was currently working. His pertinent objective findings included positive trigger points in his cervical spine, limited range of motion to 10 degrees, with stiffness and symmetrical gait. His diagnoses included L5-S1 degenerative disc disease and cervical spine whiplash. The plan of care included MRI of cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-303.

**Decision rationale:** According to MTUS ACOEM guidelines, imaging tests such as an MRI are not helpful in the absence of clinical red flags, evidence of tissue insult or nerve compromise. The employee had history of lumbar pain and had been rear ended with resultant neck and low back pain. The most recent note submitted for review from 10/30/13 had no documentation of radicular symptoms or signs. There were also no other red flags documented including evidence of motor or sensory deficits. Hence the request for MRI lumbar spine repeat study is not medically necessary or appropriate.