

<b>Case Number:</b>	CM13-0059886		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 39-year-old male who reported an injury on 09/11/2012 secondary to heavy lifting. The current diagnoses include possible lumbar radiculopathy, spondylosis at L5-S1, grade I spondylolisthesis at L5-S1, multilevel lumbar spine disc protrusion, and left sacroiliac joint dysfunction. There was no Physician's Progress Report submitted on the requesting date. However, the injured worker was evaluated on 10/09/2013. The injured worker reported improvement in lower back pain, following a lumbar epidural steroid injection. The physical examination revealed tenderness to palpation, limited range of motion, decreased sensation in the left lower extremity, and 5/5 motor strength in all muscle groups. The treatment recommendations included continuation of home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN MRI OF THE LEFT ELBOW:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag and failure to progress in a rehabilitation

program. As per the documentation submitted, there is no evidence of a comprehensive physical examination of the left upper extremity. There is no evidence of the emergence of any red flags or a failure to progress in a rehabilitation program. There are no plain films obtained prior to the request for an MRI. The medical necessity has not been established. As such, the request is non-certified.