

<b>Case Number:</b>	CM13-0064311		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The patient is a 47-year-old male who sustained an injury on 07/31/2013 of unspecified nature. The patient was evaluated on 11/19/2013 for complaints of pain to the right elbow, right wrist, right knee, left foot, and lower back. The physical examination noted tenderness to palpation of the lumbar spine with no signs of radiculopathy. It is noted the documentation submitted for review is partially illegible. The patient was re-evaluated on 12/12/2013 for complaints of right elbow, right wrist, right knee, and low back pain. The treatment plan noted the patient had a trial of a TENS unit and was comfortable with past treatment which decreased pain. The patient's assessment was noted as thoracic sprain/strain, wrist sprain/strain, knee sprain/strain, and foot sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

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

**Decision rationale:** The request for MRI lumbar is non-certified. Upon evaluation, the patient was noted to suffer from lower back pain. However, the duration of the pain was not submitted for review. ACOEM Guidelines recommend the use of MRIs in patients with unequivocal objective findings that identify specific nerve compromise on the neurological examination. The documentation submitted for review did not indicate the patient had neurological findings. Furthermore, the guidelines state MRIs are for patients who would consider surgery an option. The documentation submitted for review did not indicate that surgery was being suggested. As the patient did not have noted neurological findings, and the patient's condition was noted as improving, imaging studies are not supported. Given the information submitted for review, the request for MRI lumbar is non-certified.

**MRI thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI thoracic is non-certified. The documentation submitted for review did not indicate the patient had any significant findings upon physical examination to the thoracic spine. ACOEM Guidelines recommend the use of MRIs in patients with unequivocal findings that identify specific nerve compromise on the neurological examination if symptoms persist after 3 to 4 weeks period of conservative care and observation fails to improve symptoms. The documentation submitted for review indicated the patient had participated in TENS therapy and had significant improvement in symptoms to include decreased pain. Furthermore, the documentation submitted for review did not indicate the patient had any neurological findings upon physical examination to the thoracic spine. Given the information submitted for review, the request for MRI thoracic is non-certified.