

<b>Case Number:</b>	CM13-0065352		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Illinois. 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 65-year-old male who reported an injury on 05/18/2013. The mechanism of injury was not stated. The current diagnoses include aggravation of pre-existing left shoulder injury, cervical, thoracic and lumbar sprain/strain with myofascial pain, and right cervical radiculitis. The injured worker was evaluated on 06/18/2014 with complaints of numbness and tingling in the left upper extremity, and low back pain. A physical examination revealed no acute distress, mild paracervical spasm, myofascial tenderness of the shoulder girdle, positive Spurling's maneuver on the left, positive cervical facet loading maneuver, and no significant change in range of motion or neurologic examination. The treatment recommendations at that time included continuation of the home exercise program.

### 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.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. As per the documentation submitted, there was no physical examination of the lumbar spine provided for this review. There is no documentation of a significant musculoskeletal or neurological deficit. There is also no mention of an attempt at conservative treatment for the lumbar spine prior to the request for an imaging study. Based on the clinical information received, the request is not medically necessary.