

<b>Case Number:</b>	CM13-0072292		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Occupational 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 patient is a 35-year-old male who has submitted a claim for lumbar spine strain with possible lumbar disc herniation r/o radiculopathy, history of cervicothoracic spine strain, and history of left shoulder strain; associated from an industrial injury date of 12/01/2011. Medical records from 05/22/2013 to 10/28/2013 were reviewed and showed that patient complained of neck pain graded 7/10, left shoulder pain graded 7/10, and low back pain graded 10/10, radiating to the hips. There was also numbness in the lower extremities. Physical examination showed spasms in the trapezius muscle and paraspinal musculature. There was painful range of motion. Treatment to date has included Anaprox and Prilosec. Utilization review, dated 12/06/2013, denied the request for MRI because exam findings remained unchanged, there were no advancing motor or neurologic deficits, and prior MRI did not show any significant pathology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR WITHOUT CONTRAST:** 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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging.

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to the ODG, magnetic resonance imaging (MRI) is indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy, or sooner if severe or progressive neurologic deficit. In this case, the patient does not exhibit progressive neurologic deficits. Medical records submitted for review did not indicate the rationale for the present request, as well as previous MRI results that may warrant successive MRI comparisons. A change or progression in objective findings was not identified. Recent physical exam findings did not document focal neurologic findings. Therefore, the request for MRI Lumbar Without Contrast is not medically necessary.