

<b>Case Number:</b>	CM14-0001738		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	02/08/2007
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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, has a subspecialty in Emergency 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 claimant was injured on 02/08/07. He saw [REDACTED], an orthopedist on 11/26/13 with a complaint of constant spasm and achiness especially with colder weather. He had increased pain with his activities and pain radiated into his neck. He had positive SLRs and tender paraspinal muscles with good dorsiflexion strength. He was diagnosed with lumbosacral myofascial syndrome with left sciatica and rib fractures by history. He was given Aleve, Tylenol, lidocaine patch, and MRIs of the thoracic and lumbar spines and the bilateral hips and pelvis were ordered. PT was recommended for 18 visits. [REDACTED] reviewed his records on 11/14/12 and he complained of left-sided neck, shoulder, and arm pain for four days. It was sharp, intermittent and worse with movement. His pain was worse after he lifted a heavy bucket of water. On 11/05/13, he was seen again by [REDACTED] and said his low back pain was worse with cold weather. He had worse pain and spasms. X-rays showed scoliosis but no acute changes. He had good heel to toe walking and 60% range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The California MTUS state regarding imaging studies, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). There is no evidence of a trial and failure of a reasonable course of conservative care including trials of local care, medications, and exercise. There are no new or progressive focal neurologic deficits, including findings that are clearly consistent with radiculopathy, or documentation of radiculopathy on an EMG, for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been demonstrated.