

<b>Case Number:</b>	CM14-0004350		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 injured worker is a 35-year-old female who reported an injury on 01/04/2012. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/23/2013 reported the injured worker complained of chronic left shoulder and left foot pain. The injured worker reported having muscle tension in her left side of the neck and left shoulder region and now feeling some numbness in the left hand. The injured worker reported pain was worse with any kind of lifting or repetitive motion of her left shoulder. The injured worker reported she continued to have left foot pain. Upon the physical examination, the provider noted tenderness to palpation to the neck, along the cervical paraspinal muscles with muscle tension extending into the trapezius muscles on the left. The provider noted the range of motion of the cervical spine is decreased by 20% with flexion, also 20% with extension and 30% with rotation to the left. The provider also noted tenderness to palpation over the lumbosacral junction. The provider noted range of motion of the lumbar spine was decreased by 20% with flexion, 30% with extension and 20% with rotation bilaterally. The provider noted decreased sensation to light touch on the left anterior thigh and left calf compared to right lower extremity. The provider noted a negative straight leg raise bilaterally. The provider noted the Clonus test was negative bilaterally. The injured worker had diagnoses of sprain/strain of the lumbar region, pain in the joint shoulder status post left shoulder arthroscopy on 11/2012, pain in joint to the left ankle, and joint pain in the left leg. The provider requested a lumbar MRI to further investigate the radiculopathy symptoms. The Request for Authorization was provided and submitted on 12/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM , CHAPTER 12, 303

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

**Decision rationale:** The request for MRI of the lumbar spine is non-certified. The injured worker complained of chronic left shoulder and left foot pain. The American College of Occupational and Environmental Medicine indicates that imaging studies of the lumbar spine with 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 as an option. The guidelines also noted when the neurologic examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Within the clinical documentation submitted, the provider noted the injured worker had decreased range of motion of the lumbar spine by 20% with flexion, and 30 % with extension. The provider noted reflexers were 1+ and equal at the patella. However, the provider noted a negative straight leg raise. Within the documentation provided, there was a lack of documentaiton of significant objective findings which would demonstrate neurologic deficit. Therefore, the request of the MRI lumbar spine is non-certified.