

<b>Case Number:</b>	CM14-0103092		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/05/2014
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 is a 38-year-old male with date of injury 3/5/2014. The mechanism of injury is stated as a motor vehicle accident and being struck from behind. The patient has complained of low back, left shoulder and neck pain since the date of injury. He has been treated with epidural steroid injections, physical therapy and medications. There are no radiographic data included for review. Objective: positive impingement test left shoulder, reversal of lordosis lumbar spine, decreased and painful range of motion of the lumbar spine. Diagnoses: cervical myofascial pain, lumbar spine myofascial pain, left shoulder strain. Treatment plan and request: lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** 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.

**Decision rationale:** This 38 year old male has complained of low back, left shoulder and neck pain since date of injury 3/5/2014. He has been treated with epidural steroid injections, physical

therapy and medications. The current request is for an MRI of the lumbar spine. Per the MTUS guidelines cited above, 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. And, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this patient, the medical documentation does not indicate unequivocal objective findings demonstrating specific nerve compromise. Per the above guidelines, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. On the basis of the MTUS guidelines, MRI of the lumbar spine is not indicated as medically necessary.