

<b>Case Number:</b>	CM14-0010124		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 01/04/2001 secondary to repetitive lifting. Current diagnoses include status post cervical fusion, degenerative collapsed disc at L5-S1, bilateral shoulder impingement syndrome with tendonitis, bilateral knee sprain, cephalgia, anxiety, depression, sleep disorder, reflux, and gastrointestinal pain. The injured worker was evaluated on 12/03/2013. The injured worker reported persistent pain in the cervical spine, lumbar spine, bilateral knees, and bilateral shoulders. Physical examination of the lumbar spine revealed tenderness to palpation, paravertebral muscle spasm, 40 degree flexion, 10 degree extension, and 10 degree lateral bending. Treatment recommendations at that time included an MRI of the cervical and lumbar spine and a followup consultation with a spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI LUMBAR SPINE WITHOUT DYE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, MAGNETIC RESONANCE IMAGING.

**Decision rationale:** 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 to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy and myelopathy. As per the documentation submitted, there is no evidence of an acute traumatic event or neurological deficit. There is no mention of a suspicion for any red flags. There is also no mention of an attempt at conservative therapy for at least 1 month prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.