

<b>Case Number:</b>	CM14-0019053		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/04/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 4, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for lumbar MRI (magnetic resonance imaging). The applicant's attorney subsequently appealed. A progress note dated January 15, 2014 was notable for comments that the applicant reported 8/10 neck pain, 7/10 headaches, 9/10 hand and wrist pain, and associated complaints of anxiety, depression, and insomnia. The applicant exhibited tenderness and guarding about the cervical and lumbar paraspinal musculature. MRI imaging of the cervical and thoracic spines were sought, along with electrodiagnostic testing of the bilateral upper extremities. The applicant was placed off of work while Vicodin, Lidoderm, Naprosyn, Prilosec were renewed. Cervical and thoracic MRI imaging were apparently earlier requested on a progress note dated November 20, 2013. The applicant was again described as not working and concurrently receiving mental health treatment. There was little or no mention made of issues related to the lumbar spine. An earlier note of October 9, 2013 was again notable for comments that the applicant carried diagnosis of bilateral carpal tunnel syndrome versus cervical thoracic sprain. Physical therapy was endorsed while the applicant was again placed off of work.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Section Special Studies and Diagnostic and Treatment Considerations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines, imaging studies of the lumbar spine should be reserved for cases in which surgery is being contemplated and/or red flag diagnoses are being evaluated. In this case, however, there is no mention that the applicant is actively considering or contemplating lumbar spine surgery. There is no mention of any red flag diagnoses such as cauda equina syndrome, fracture, tumor, infection, pertaining to the lumbar spine which would lumbar MRI (magnetic resonance imaging). The bulk of the documentation on file pertain to the applicant's complaints of pain in other areas, including the cervical spine, thoracic spine, hands and wrists, psyche, etc. Therefore, the proposed lumbar MRI is not medically necessary, for all of the stated reasons.