

<b>Case Number:</b>	CM14-0110369		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/14/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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:

This patient is a 35 y/o female who has developed persistent musculoskeletal pain subsequent to a slip and fall on 1/14/13. She initially had left upper extremity difficulties and has developed pan spinal pain. She has had a left shoulder MRI which revealed mild tendonosis. She has been treated with a subacromial injection. Left elbow x-rays are normal and thoracic/lumbar x-rays are reported to be normal. She has no cervical or lumbar radiculopathy or neurological changes. She has no spinal tenderness or spasm and the spinal range of motion (ROM) is reported to be near normal. No "red flag" conditions are reported such as suspicion of infection or tumors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,304.

**Decision rationale:** MTUS Guidelines do not support the use of spinal MRI imaging unless there are suspected red flag medical conditions, neurological deficits or invasive procedures are

warranted. This patient does not meet any of these conditions and there are no unusual circumstances to justify an exception to Guidelines. The medical necessity of lumbar MRI testing is not demonstrated and it is not medically necessary.

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** MTUS Guidelines do not support the use of spinal MRI imaging unless there are suspected red flag medical conditions, neurological deficits or invasive procedures are warranted. This patient does not meet any of these conditions and there are no unusual circumstances to justify an exception to Guidelines. The medical necessity of lumbar MRI testing is not demonstrated and it is not medically necessary.