

<b>Case Number:</b>	CM14-0110437		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/17/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Oklahoma. 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 57 year-old female who reported a work related injury on 03/22/2010. The mechanism of injury was not provided for review. The injured worker's diagnoses consisted of a lumbar strain. The injured worker has been treated with chiropractic care, acupuncture, physical therapy, and medication. The injured worker has not had an MRI since 2011. The MRIs were of the right shoulder, and the lumbar and cervical spine, the results of these images were not provided for review. Upon examination on 06/30/2014 the injured worker complained of pain in her neck which she rated as a 7/10, and left shoulder which she rated as a 6-7/10 on a VAS pain scale. She reported the pain in her neck travels through her fingertips. The Patient stated that the pain in her lower back traveled into her left gluteal muscle. It was noted that palpation to the lumbar spine revealed tenderness, myospasms as well as limited range of motion. The injured worker was prescribed Tramadol and Omeprazole. The treatment plan consisted of an MRI of the left shoulder and lumbar spine, and chiropractic care twice a week for four weeks. The request was for a MRI of the lumbar spine to rule out discopathy and to update the condition of the spine. The request for authorization form was submitted for review on 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, Chronic Pain Treatment Guidelines Occupational Medicine Practice Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRI.

**Decision rationale:** The request for a lumbar spine MRI is not medically necessary. The Official Disability Guidelines state a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker complained of pain in her neck which she rated as a 7/10, and left shoulder which she rated as a 6-7/10 on a VAS pain scale. She reported the pain in her neck travels through her fingertips. The patient stated that the pain in her lower back traveled into her left gluteal muscle. It was noted that palpation to the lumbar spine revealed tenderness, myospasms as well as limited range of motion. However, the physical examination revealed no evidence of neurological deficits. Additionally, there was no evidence showing that an adequate course of conservative care, including physical therapy, had been attempted for the low back. Moreover, previous clinical information with details regarding the injured worker's history and treatment in regard to her low back was not provided in order to establish that a significant change has occurred. Furthermore, her previous MRI report was not provided to determine whether his current clinical status correlates with the previous findings. Therefore, based on the lack of clear objective evidence of significant neurological deficits which have been shown to progress or change since the time of his previous MRI, and details regarding her history and treatment of the low back, as well as the previous MRI report, the necessity of an updated MRI cannot be determined. Therefore, the request for an MRI of the lumbar spine is not medically necessary.