

<b>Case Number:</b>	CM14-0147265		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Illinois. 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 66 year old male with a date of injury on 1/8/14. The injured worker is a machine operator who drives a forklift. On that date, he was driving the forklift and it malfunctioned, causing him to bounce up and down and hit his head on the roof of the forklift three times. He then experienced neck, bilateral shoulder pain and back pain with radiation to the left lower extremity. He has been taking Naprosyn 500 mg. He has had physical therapy. Forward flexion is limited to 70-degrees out of 90-degrees. Straight leg raise is positive bilaterally. Deep tendon reflexes (DTRs) are normal. Diagnoses are cervical and lumbosacral strain, left sciatica and multi-level degenerative disc disease with multi-level spinal disc protrusions and foraminal narrowing, as shown by magnetic resonance imaging (MRI). He is given 10% whole person impairment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

**Decision rationale:** Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, for most injured workers presenting with low back problems, special studies are not needed. Magnetic resonance imaging (MRI) of the lumbar spine is indicated for lumbar disk protrusion, cauda equina syndrome, spinal stenosis and post-laminectomy syndrome. It is also the test of choice in individuals with prior back surgery. Criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. Tests are supported for nerve root compression with radiculopathy in the presence of progressive weakness. The worker has diffuse musculoskeletal pain with longstanding radiculopathy. There is no documentation of progressive weakness or any of the other criteria. This determination is also supported by the Official Disability Guidelines (ODG).