

<b>Case Number:</b>	CM14-0156574		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Emergency 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 patient is a male with reported date of injury on 5/24/2013. Mechanism of injury is claimed to be from cumulative trauma. Patient has a diagnosis of cervical radiculopathy, shoulder impingement, lateral epicondylitis, sprains of wrist and lumbar radiculopathy. Medical reports reviewed. Last report available until 9/9/14. Patient has multiple complains including headaches, neck pains, shoulder pains, wrist pains, L finger pain and low back pain. Patient also has various anxiety and depression complaints. This review will deal only with low back pathology. Pain to low back is continuous radiating to R hip, buttock and R leg. Pain is worsened by any activity. Objective exam to low back reveals tenderness and spasms to paraspinal muscles. Reduced sensation to L5 dermatome. Range of motion is mildly decreased. Strength has mild decreased 4/5 strength to extensors of long toe and ankle plantar flexors. Positive straight leg raise on R side. Report from 7/8/14 reports that patient had MRIs in the past. No date, results or report was provided for review. No other advance imaging or electrodiagnostic reports were provided for review. Patient has reportedly undergoing several sessions of R shoulder and low back physical therapy. Medications include Medrox, Norco, Naproxen and Omeprazole. Independent Medical Review is for MRI of lumbar spine.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no new neurologic dysfunction. Patient has only started physical therapy and MRI is not yet warranted for a "failure to progress". MRI of lumbar spine is not medically necessary.