

<b>Case Number:</b>	CM14-0032496		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/26/2006
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 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 presents with date of injury of 7/26/2006. Mechanism of injury described as cumulative in nature. Diagnosis includes cervical spine pain, degenerative disc disease of cervical spine, lumbar spine pain, degenerative disc disease of lumbar spine and sciatica. Medical records from primary treating physicians and consults reviewed. Report dated 1/17/14, noted patient to have complaints of cervical and lumbar spine pain. Pain is 3/10 and worsens with movements and working, increasing to 7-8/10. Objective exam documentation is very limited. Documentation only reveals decreased range of motion (ROM) of lumbar spine; neurologically intact; and gait is normal. There is no documentation or full neurological exam or if pain was present on palpation. Current medication includes Tramadol, Celebrex, Norco, Aciphex and Skelaxin. Physical therapy is undergoing lumbar spine physical therapy. Patient has a back brace and has received aqua massages. Physical therapy has had reported lumbar epidural steroid injections with some improvement. Last MRI of lumbar spine on 6/10/11 showed L posterolateral annular fissure with broad based protrusion at L5-S1. There are prior request for MRI of cervical spine starting in 9/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI OF THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** According to the MTUS/ACOEM Guidelines, MRI for low back complaints should be reserved and used judiciously due to high rates of false positive findings. It is recommended only for "red-flag" changes of presentation of back pains or in cases where surgery is being considered. There are no noted "red flag" concerns with no documented signs of infection, neurological deficits or any recent trauma. The treating physician provides no documentation to state why an MRI was requested since patient's symptoms appear chronic with no change in severity or character of the pain documented in recent records. The lack of documentation does not clearly indicate if there is any change in complaint or exam since the documented physical exam is incomplete and very limited. The request for a MRI of the lumbar spine is not medically necessary and appropriate.