

<b>Case Number:</b>	CM14-0057384		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/17/2002
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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:

The patient is a 37-year-old male who has submitted a claim for previous left shoulder instability, cervical sprain/strain syndrome, lumbar discopathy, and severe neurologic hypertensive and thoracic outlet symptomatology, status post thoracic neurovascular decompression; associated with an industrial injury date of 06/17/2002. Medical records from 2013 to 2014 were reviewed and showed that patient complained of persistent left arm pain, graded 6/10, with numbness and tingling in the bilateral arms; and persistent low back pain with radiation to the right lower extremity with numbness and tingling. Physical examination showed tenderness in the paralumbar musculature. Sciatic stretch signs and straight leg raise test were positive bilaterally. The midline lumbar spine had significantly reduced range of motion. Paraspinous spasm was accentuated on range of motion. Weakness of foot dorsiflexion and toe extension was noted. Treatment to date has included medications, and flexible bronchoscopy and left VATS 1st rib resection (10/28/2013). Utilization review report for the present request was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC , MRI,s.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Magnetic Resonance Imaging.

**Decision rationale:** As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. According to the ODG, magnetic resonance imaging (MRI) is indicated for uncomplicated low back pain with radiculopathy after at least 1 month conservative therapy, or sooner if severe or progressive neurologic deficit. In this case, the patient complains of low back pain with radicular symptoms despite medications. Physical examination showed weakness of foot dorsiflexion and toe extension, and a positive bilateral straight leg raise test. However, medical records submitted for review failed to show evidence of conservative treatment, i.e., medications and physical therapy. Moreover, there is no evidence of progression of symptoms or planned surgical interventions to warrant MRI of the lumbar spine. Therefore, the request for MRI scan lumbar spine is not medically necessary.