MAXIMUS Federal Services

| Case Number: | CM14-0059931 | | |
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| Date Assigned: | 07/09/2014 | Date of Injury: | 02/21/2014 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

## 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, Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 48-year-old male who reported an injury on 02/21/2014 due to being struck from behind while backing up by another vehicle. The injured worker has diagnoses of sprain/strain of the lumbar spine, sprain/strain of the cervical spine, sprain/strain of the thoracic spine, contusion of the back, strain/sprain of the elbow/forearm, contusion of the elbow, muscle spasms, radiculopathy, and paresthesia. The injured worker's past medical treatment includes the use of a home exercise program, physical therapy, and medication therapy. Medications for the injured worker include tramadol ER 150 mg before bed, Menthoderm gel as needed, Terocin patches. An x-ray of the lumbar spine dated 02/21/2014 revealed that the lumbar spine had lack of any fracture or subluxation. There was slight narrowing of the L4-5 disc space and moderate narrowing of the L5-S1 disc space with anterolateral osteophyte formation indicating degenerative disc disease. The injured worker complained of painful and tight neck, upper and lower back spasms. There are no measureable pain levels documented within the submitted report. Physical examination dated 04/30/2014 revealed that the injured worker had pain, tenderness, and swelling. There was no redness or ecchymosis. Lumbar spine examination revealed a flexion of 40/90, extension of 10/30 degrees, left rotation 10/30 degrees, right rotation 10/30, left flexion 10/30, right flexion 10/20. There was pain, spasms, and tenderness of the lumbar spine with decreased range of motion. The treatment plan for the injured worker is to get an MRI of the lumbar spine without contrast. The rationale and Request for Authorization form were not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI lumbar spine without contrast is not medically necessary. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Given the above, the injured worker is not within ACOEM Guidelines. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. The only findings noted on 04/30/2014 to support neurologic dysfunction was a mild range of motion deficit with hip flexion bilaterally. The reports lacked any evidence of a deep tendon reflex loss, other motor loss, or sensory loss to support the need for an MRI. Therefore, further evidence of nerve dysfunction should be obtained. As such, the request for an MRI of the lumbar spine without contrast is not medically necessary.