

<b>Case Number:</b>	CM14-0070790		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 33 year old male who was injured on 10/27/2013. He was diagnosed with brachial neuritis/radiculitis, concussion, cervical spine strain, closed head injury, cervical radicular syndrome with contusion, shoulder sprain/strain, thoracic/lumbar spine strain/sprain, and cervical and thoracic disc disease. He was treated with physical therapy, TENS, Chiropractor visits, Psychological Therapy, and Medications. On 4/2/2014, the worker was seen by his orthopedic physician complaining of recent flare-ups of his lower back pain, however, he reported improvement with the chiropractor treatments and exercise program. Physical examination of the lumbar area revealed tenderness of the paravertebral muscles, decreased range of motion, normal sensation, and negative straight leg raise test. He was then recommended MRI of the lumbar spine, continuation of his oral medications, and continuation of psychological care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59; 100.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): pp. 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI.

**Decision rationale:** MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, there was no significant objective findings found in the documentation available for review to suggest any neurological compromise in the lumbar area. Therefore, the lumbar MRI is not warranted, medically necessary, and would not likely contribute positively to the worker's treatment plan.