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| <b>Case Number:</b>   | CM14-0088382 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 03/10/2013 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 05/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2014 |

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 45-year-old female with an injury date of 03/10/2013. According to the 04/17/2014 progress report, the patient complains of cervical spine pain which she rates as a 4/10. She also has right shoulder pain which she rates as a 6/10 and elbow and wrist pain which she rates as a 6/10. She has limited range of motion. The 02/18/2014 report indicates that the patient is tender to palpation of the anterior shoulder and has a decreased strength of the right arm and hand. The patient is diagnosed with right shoulder sprain. The utilization review determination being challenged is dated 05/08/2014. Treatment reports were provided from 10/23/2013 - 08/04/2014. Some of the reports provided were illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine w/o contrast:** 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): 303.

**Decision rationale:** According to the 04/17/2014 progress report, the patient complains of cervical spine pain, right shoulder pain, and elbow/wrist pain. Review of the reports does not indicate if the patient has previously had an MRI of the lumbar spine. ACOEM Guidelines, chapter 12, page 303 states, "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." In this case, none of the reports provided discuss any low back problems. There are no subjective low back complaints, no examination of the L-spine. It is not known why the physician is asking for an MRI of L-spine. Recommendation is for denial.