

<b>Case Number:</b>	CM14-0095683		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Internal 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 injured worker (IW) is a 39-year-old man with a date of injury of September 10, 2013. The IW was leaving work on his bicycle in a dark parking lot. He collided into a chain link fence and flew off of his bike and landed onto the hard ground. He was momentarily rendered unconscious. He suffered a large open wound to his head and forehead. Paramedics arrived at the scene and he was transported to the emergency department. He subsequently developed headaches, neck, shoulder, upper and lower back, and knee pain. Pursuant to the progress reports dated March 12, 2014, the IW complains of constant neck pain, which is described as severe, stiff, and sharp radiating to his head causing headaches. He also has right shoulder pain with range of motion limitation, upper back pain on and off radiating upwards to the neck, and on and off lower back pain. Objective findings revealed tender cervical spine with muscle spasms at levels C2-C7. Lumbar spine was tender with muscle spasms at L1-L5. Thoracic spine was tender at levels T1-T3. Current working diagnoses include status post cervical fracture, cervical radiculitis, cervical/thoracic/lumbar spine sprain/strain, right shoulder impingement, and left wrist sprain. The provider recommends physical therapy and chiropractic treatments once a week X 2 weeks. Current medications include Ultracet, Naproxen 550mg, and Omeprazole. An initial MRI of the lumbar spine was performed December 19, 2013 with the following impression: L3-L4 central focal disc protrusion that abuts the thecal sac. L4-L5 central focal disc protrusion that abuts the thecal sac. L5-S1 central focal disc protrusion that abuts the thecal sac. No other significant findings were noted. The treating chiropractor is requesting a repeat MRI of the lumbar spine; request is dated June 14, 2014.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, MRI

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI lumbar spine is not medically necessary. The guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation by sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings. The ODG provide criteria for magnetic resonance imaging. Indications include, but are not limited to, lumbar spine trauma, neurologic deficit; lumbar spine trauma, seatbelt fracture; uncomplicated low back pain suspicion of cancer, infection or other red flags; and uncomplicated low back pain with radiculopathy, after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit; uncomplicated low back pain with prior lumbar surgery. See guidelines for additional details. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, neural compression, and recurrent disc herniation). In this case, the injured worker had an MRI December 18, 2013. The MRI showed L3 - four central focal disc protrusion that abuts the thecal sac; L4 - five central focal disc protrusion that abuts the thecal sac; L5 - S1 central focal disc protrusion that abuts the thecal sac; and no other significant findings were noted. A progress note dated March 2014 indicates the injured worker was having constant neck pain, headache, right shoulder pain, upper back pain on and off radiating toward the neck and on and off low back pain. The physical examination noted the lumbar spine was tender with muscle spasms at L1 through L5. Thoracic spine was tender with muscle spasms at T1 to T3. The working diagnosis at that time were status post cervical fracture; cervical radiculopathy; cervical/thoracic/lumbar spine sprain/strain; right shoulder impingement; and left wrist sprain. Repeat MRI is not routinely recommended. It should be reserved for a significant change in symptoms and/or findings just about significant pathology. The progress note dated March 2014 does not reflect a significant change in symptoms or clinical findings. Consequently, MRI lumbar spine (repeat) is not medically necessary.