

<b>Case Number:</b>	CM14-0133189		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Practice and is licensed to practice in Florida. 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 35 year old female with a date of injury 11/16/2012. The injury was acquired while using a crank to hold a trailer to the truck, slipped and fell on back and buttocks causing injury to back, neck and shoulders. The injured worker got up 30 minutes later and noted numbness and pain radiating down bilateral lower extremities. The injured worker was followed up by MD and received pain medication and an MRI and was sent back to work. Per the Follow up appointments with the MD the injured worker received diagnostic studies, radiology studies, pain management, chiropractic treatments, acupuncture, physical therapy and medication management. The injured workers diagnosis was sprain/strain of neck, rotator cuff syndrome of shoulder and allied disorder, right shoulder impingement and sprain and strain, lumbar strain and sprain and depression. Follow up MD 3/14/2014 noted continue with lumbar and cervical pain referred to orthopedic surgical consultation for cervical spine, lumbar spine and bilateral shoulders and referred to cardio respiratory test and cervical spine pillow and back brace and an MRI. Follow up MD visit 7/11/2014 injured worker continues with bilateral lower extremity pain weakness and instability and severe heels/ache and pain around ankles and bilateral heel arches. The injured worker was advised to continue with current treatments, ice and stretch and avoid walking barefoot. On 7/24/2014 Utilization review non-certified for an MRI of the Lumbar Spine (retro request) per the ODG TWC guidelines, Magnetic resonance imaging (MRI) the physical findings required for consideration are lacking.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI of the Lumbar Spine (Retro Request): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC 2014 Online Guidelines: Indications for imaging - Magnetic resonance imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Imaging - magnetic resonance imaging, 2014 guidelines.

**Decision rationale:** The utilization review physician declined this request for an MRI of the Lumbar spine due to "the physical findings required for consideration for MRI are lacking." A 4/18/2014 and a 6/20/2014 physical exam noted a positive sitting straight leg raise bilaterally, and positive kemps test bilaterally. If these two signs are positive it could indicate nerve root compression causing symptoms of radiculopathy. An MRI is appropriate to evaluate uncomplicated low back pain with radiculopathy after 1 month of conservative therapy according to the ODG Guidelines. (The MTUS guidelines do not address indications for when to order an MRI for low back pain.) Therefore, this request for an MRI of the lumbar spine is considered medically necessary.