

<b>Case Number:</b>	CM14-0189228		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	08/19/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Rehab, 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:

This patient is a 42 year old male with a date of injury of 8/19/14. This patient was in a motor vehicle accident, and was admitted to the hospital with complaints of neck and shoulder pain. CT of the c-spine, head, chest and abdomen were taken which showed "no acute disease." The patient was discharged in stable condition. The patient rated pain at discharge as 0/10. According to treatment report dated 10/10/14, the patient now presents with pain in the lower back with extension. He has no numbness or pain in the lower extremities. No incontinence. Patient also reports pain in the scapulas and rhomboid area bilaterally. Examination revealed painful range of motion and the patient is unable to extend back. DTRs are within normal limits and straight leg raise is negative. Sensation in the lower extremities is decreased on the lateral left foot. The request is for MRI of the lumbar spine. The utilization review denied the request on 10/20/14. Treatment reports from 9/19/14 through 10/10/14 were provided for review.

### 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:** Upheld

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

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

**Decision rationale:** The patient presents with complaints of lower back pain. The current request is for MRI of the lumbar spine. The Utilization review denied the request stating that there are no neurological deficits to indicate an imaging study. For the MRI of the lumbar spine, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The patient sustained minor injuries to the neck and shoulder from a motor vehicle accident (MVA). Hospital notes document that the patient was released in stable condition with a pain rated at 0/10. The patient most recently presented with new complaints of lower back pain. In this case, there are no significant findings on examination to warrant such imaging at this time. In addition, there is no discussion of tried and failed conservative treatments as required by ACOEM. The requested MRI of the lumbar spine is not medically necessary.