

Case Number:	CM14-0193617		
Date Assigned:	12/01/2014	Date of Injury:	05/29/2013
Decision Date:	03/06/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old male who got injured on 5/29//2013. He was in the usual course of his duties unloading a delivery truck when a co-worker pulled a pallet filled with boxes which fell on his back resulting in immediate neck, upper and lower back pain with associated headaches. He was seen at the company clinic where x-rays were taken and he was managed with medications and released back to work on modified duty. 6/2013 he started to receive physical therapy and completed 6 sessions. On 2/21/2014 he received an Epidural Steroid injection with minimal improvement. On 4/15/2014 he had a lumbar MRI which revealed two level degenerative disc disease, disc extrusion at L4/5, and a protrusion at L5/S1, there was effacement of the L5 and S1 nerve roots. On 10/9/2014 he was seen by his treating physician for his head, cervical spine, thoracic spine and lumbar spine complaints. His physical exam was positive for a normal head exam including cranial nerves, tenderness and muscle spasms in the paravertebral and trapezius muscles bilaterally on palpation of the cervical spine. Neck pain /stiffness during end ranges of motion, cervical /foraminal compression test caused pain bilaterally, shoulder depression test caused pain bilaterally, and there were no neurological deficits. In the thoracolumbar spine there was tenderness and muscle spasms in the thoracic and paravertebral muscles bilaterally and there was pain /stiffness during end ranges of motion. Kemps, Yeoman's and Valsalva testing caused pain, there were no neurological deficits, heel and toe walking was performed with some difficulty due to lower back discomfort. His diagnoses include headaches, cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain. On 10/14/2014 he had x-rays of the lumbar spine that revealed a levo-convex

scoliosis with decreased disc height at L5/S1. He was seen again on 11/4/2014 by his treating physician and his presentation and physical exam were essentially the same. The request is for MRI of the lumbar spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging - Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: Per the MTUS unequivocal objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option, when the neurological exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies as indiscriminate imaging will result in false positive findings and also carries the risk of diagnostic confusion because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. A review of the patients medical records show that he had an MRI on 4/15/2014 and do not show any neurological deficits or red flags that would warrant a repeat MRI and therefore based on the guidelines and the patients clinical presentation the request for MRI of the lumbar spine is not medically necessary.