

<b>Case Number:</b>	CM15-0102579		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: California

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 27 year old female, who sustained an industrial injury on 09/12/2014. She has reported injury to the neck and low back. The diagnoses have included cervical sprain/strain; sprain/strain lumbosacral region; lumbosacral segment dysfunction; cervical segmental dysfunction or somatic dysfunction; brachial neuritis or radiculitis; and myalgia and myositis, unspecified. Treatment to date has included medications, diagnostics, home exercise program, and chiropractic sessions. Medications have included Pamelor, Tylenol, and Prilosec. A progress note from the treating physician, dated 04/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of her neck, mid-back, and lower back are all still tight; she has mild-moderate soreness with activity; and reports that chiropractic therapy has helped decrease her pain and has allowed her to increased her walking distance. Objective findings included lumbar spine range of motion limited with pain in forward flexion and extension; tenderness to palpation with increased muscular tone throughout lumbar region on both side; positive Kemps bilaterally; still has weak hip flexers; core strength is still weak; and noted slight progress in assessment. The treatment plan has included the request for MRI of lumbar spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine without 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): 297, 303, 304, 309.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The injured worker had lumbar x-rays done on 10/13/14 that revealed mild to moderate disc space narrowing of L4-5 and L5-S1. EMG of the bilateral lower extremities on 11/13/14 revealed no evidence of focal nerve entrapment or generalized peripheral neuropathy. A MRI of the lumbar spine was performed on 3/20/15 revealing degenerative disk disease, facet arthropathy with retrolisthesis @ L4-5 and L5-S1. The available documentation does not provide a rationale for a repeat MRI. The injured workers pain has not changed since the previous MRI. She has been going to a chiropractor and reports that the visits have decreased her pain level and increased her function levels. The request for MRI of lumbar spine without contrast is not medically necessary.