

<b>Case Number:</b>	CM15-0133111		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/18/2002
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Family Practice

### 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 53-year-old male, who sustained an industrial injury on 10/18/2002. Diagnoses include cervical spondylosis with radiculopathy, lumbar spondylosis and myofascial pain. Treatment to date has included exercise, psychiatric evaluation, medications and use of a transcutaneous electrical nerve stimulation (TENS) unit. Per the Primary Treating Physician's Progress Report dated 6/11/2015, the injured worker reported more pain in the neck and intermittent lumbar pain. He reported right index finger numbness and continuation of numbness in the bottom of the right foot. He is taking Tylenol. Physical examination revealed no changes. Physical exam dated 4/3/2015 described tenderness diffusely on the right side of the cervical spine with pain upon flexion and extension. Lumbar spine evaluation described tenderness at the sacroiliac joints bilaterally. The plan of care included diagnostic imaging and authorization was requested for magnetic resonance imaging (MRI) lumbar spine and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. The medical records do not establish red flags or evidence of radiculopathy stemming from the lumbar spine on clinical examination to support the requested imaging study. The request for One MRI of the lumbar spine is not medically necessary and appropriate.