

<b>Case Number:</b>	CM15-0181353		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Texas, 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:

This is a 43 year old male patient who sustained an industrial injury on 01/03/2015. The diagnoses include right shoulder strain, and lumbar spine strain, left middle finger laceration. He sustained the injury while cutting beef on a slicer, the slicer cut the tip of her left middle finger. Per the doctor's note dated 07-29-2015, he had complains of pain in the middle finger of the left hand at 5-6 on a scale of 10 with numbness, weakness and decreased mobility, pain in the right shoulder at 5-6 on a scale of 0-10 with throbbing pain, poor mobility, and pain in the lumbar spine at 6-7 on a scale of 0-10 with radiation into the left buttocks. The physical examination revealed antalgic gait, stiffness, tenderness, spasm and decreased range of motion of the lumbar spine, +4/5 strength in the left lower extremity, negative straight leg raising test; right shoulder-tenderness, decreased range of motion and positive drop arm test, 3rd digit DIP joint of the left hand-tenderness, decreased sensation and range of motion. The medications list includes ibuprofen and topical analgesic cream. He has had left hand MRI on 9/4/2015 and right shoulder MRI on 9/4/2015; lumbar spine X-rays dated 3/9/2015 which revealed retrolisthesis of L3 on L4. Treatment to date has included chiropractic care, physical therapy visits and acupuncture visits. A request for authorization was submitted for MRI Lumbar Spine. A utilization review decision 08-20-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM low back guidelines "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Per the records, provided patient had pain in the lumbar spine with radiation into the left buttocks and the physical examination revealed negative straight leg raising test. The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Evidence of abnormal electrodiagnostic study with abnormal neurological findings is not specified in the records provided. The medical necessity of MRI Lumbar Spine is not fully established for this patient at this juncture.