

<b>Case Number:</b>	CM15-0187583		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 51-year-old male, who sustained an industrial injury on March 20, 2013, incurring upper, mid and lower back injuries, right shoulder right upper arm and right knee injuries. He was diagnosed with cervical, thoracic and lumbar radiculopathy, right shoulder tendinitis, right carpal tunnel syndrome, right knee sprain and bilateral plantar fasciitis. Treatment included anti-inflammatory drugs, proton pump inhibitor, pain medications, 16 sessions of physical therapy for the lower back, pain medications, and restricted activities and work modifications. Currently, the injured worker complained of persistent neck pain, bilateral shoulder pain, bilateral hand and wrist pain. The right upper extremity was noted to have limited range of motion with pain. Upon examination, there was limited flexion and extension in the cervical spine. He was noted to have increased low back pain radiating into the lower extremities into both feet. His lower back pain and leg pain was aggravated with prolonged walking and standing. The treatment plan that was requested for authorization on September 23, 2015, included a Magnetic Resonance Imaging of the lumbar spine. On August 27, 2015, a request for a Magnetic Resonance Imaging of the lumbar spine was non-certified by utilization 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 Low Back Complaints 2004.

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

**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. In this case, while there is a subjective complaint of lumbar radiculopathy, there is limited objective evidence to point to specific nerve impairment or other red flags that would warrant the use of MRI. The request for MRI of the lumbar spine is determined to not be medically necessary.