

<b>Case Number:</b>	CM15-0200143		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/30/2009
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

This is a 49-year-old male with a date of industrial injury 1-30-2009. The medical records indicated the injured worker (IW) was treated for cervical and lumbosacral sprain-strain with radiculopathy. In the progress notes (8-14-15), the IW reported constant pain in the neck and low back with constant headaches and depression. Medications included Celebrex, Tramadol, Norco, Protonix and Gabapentin. On examination (8-14-15 notes), there were spasms in the trapezius and lumbar spinal muscles and at the lumbosacral junction. Tenderness was present at C6 through T2, in the cervical posterior spinal processes and at the L4 through S2 spinous processes. Range of motion of the cervical spine was reduced from normal. There was C6 radiculopathy in the upper extremities, with C5-C6 radiculopathy to touch and pinprick. Motor exam of the upper extremities "revealed weakness". No motor weakness or sensory deficit was noted in the lower extremities. There was no documentation indicating the need for a lumbar MRI. Treatments included medications. The IW was temporarily totally disabled. A Request for Authorization dated 9-22-15 was received for an MRI lumbar spine (without contrast). The Utilization Review on 9-29-15 non-certified the request for an MRI 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 the Lumbar Spine:** Upheld

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

**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, there is no evidence of nerve impairment, or other red flags that would warrant the use of MRI, therefore, the request for MRI of the lumbar spine is not medically necessary.