

<b>Case Number:</b>	CM15-0203081		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 47 year old female patient, who sustained an industrial injury on 05-13-2011. She sustained the injury due to a slip and fall incident. She landed on her face. The patient is currently "disabled". The diagnoses include cervical strain, lumbar strain, and residual stiffness of the shoulder from capsulitis. Per the doctor's note dated 09-03-2015 she had neck, back, and shoulder pain. The physical examination revealed use of cane for ambulation, restricted motion of neck and back with limited spasm, and positive straight leg raise test. The medications list includes norco, flexeril, elavil, valium, acetadryl, citrucel, dendracin, zantac, promalaxin, nexium, probiotics, amitiza, bentlyl, mycelex troches and gaviscon. She has undergone right shoulder arthroscopic surgery in 2014. Treatment and diagnostics to date has included physical therapy, home exercise program, and medications. The request for authorization dated 09-02-2015 requested MRI of the lumbar spine. The Utilization Review with a decision date of 09-10-2015 non-certified the request for MRI of the lumbar spine.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for

Workers' Compensation (ODG-TWC), Internet version (update 07/17/15); Low Back - Lumbar & Thoracic (Acute & Chronic).

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

**Decision rationale:** MRI of the lumbar spine. 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)." 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. Response to recent conservative therapy including physical therapy for the lumbar spine is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. An electrodiagnostic study report with abnormal findings is not specified in the records provided. The MRI of the lumbar spine is not medically necessary for this patient at this juncture.