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| <b>Case Number:</b>   | CM15-0021371 |                              |            |
| <b>Date Assigned:</b> | 02/10/2015   | <b>Date of Injury:</b>       | 02/19/2014 |
| <b>Decision Date:</b> | 03/26/2015   | <b>UR Denial Date:</b>       | 01/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/04/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 30-year-old male who sustained an industrial motor vehicle accident on February 19, 2014. The injured worker was diagnosed with sprains/strains of the neck, lumbosacrum, arm, and shoulder and contusions of the head/neck/face. Computed Tomography (CT) of the head and cervical area were reported as within normal limits. X-Ray of the lumbar spine performed on November 3, 2014 noted no fracture, no subluxation, or significant degenerative changes. The injured worker has had no surgical interventions. According to the primary treating physician's progress report on December 10, 2014, the injured worker continues to experience low back and neck pain. The lumbar spine on examination noted restricted range of motion tenderness, hypertonicity, and tight muscle band at the paravertebral muscles. Trigger point elicited a twitch response with radiation of pain on the left side. Lumber facet loading was positive on the left side, straight leg raise negative, Faber test negative and normal heel to toe walk was documented. Motor and sensory were intact. Current medications consist of Lyrica, Zipsor, and Norco. Treatment modalities consist of physical therapy times 12 sessions, transcutaneous electrical nerve stimulation (TEN's) unit and medication. The injured worker is on temporary total disability (TTD) and working with modified duties. The treating physician requested authorization for a magnetic resonance imaging (MRI) lumbar spine. On January 23, 2015, the Utilization Review denied certification for the magnetic resonance imaging (MRI) lumbar spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM).

## 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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low back section, MRI

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. See the ODG for details. In this case, the injured worker's working diagnoses are cervical facet syndrome; this disorder lumbar; post concussion syndrome; and spasm of muscle. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination or sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. The clinical documentation in the medical record did not contain evidence of neurologic deficits sufficient to warrant a magnetic resonance imaging scan of the lumbar spine. Objectively, the injured worker had negative straight leg raising, reflexes were normal, motor strength was 5/5, and sensation in the lower extremities. Consequently, absent clinical documentation according to guideline recommendations, MRI lumbar spine is not medically necessary.