

<b>Case Number:</b>	CM15-0223063		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: Arizona, 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:

The injured worker is a 54 year old male who sustained an industrial injury on 2-2-15. A review of the medical records indicates he is undergoing treatment for headaches, tooth pain, nasal congestion, cervical spine sprain and strain - rule out herniated nucleus pulposus, cervical radiculopathy, bilateral shoulder sprain and strain - rule out internal derangement, left wrist and hand sprain and strain - rule out internal derangement, thoracic spine pain, thoracic spine sprain and strain - rule out herniated nucleus pulposus, lumbar spine sprain and strain - rule out herniated nucleus pulposus, lumbar radiculopathy, right knee sprain and strain - rule out internal derangement, right ankle and foot sprain and strain - rule out internal derangement, anxiety disorder, mood disorder, stress, sleep disorder, and hypertension. Medical records (8-26-15, 9-29-15) indicate complaint of neck and back pain. The 9-29-15 record is hand-written and highly illegible. The 8-26-15 record also indicates complaints of headaches, toothaches, nasal congestion, burning radicular neck pain and muscle spasms, rating "6-7 out of 10", burning bilateral shoulder pain that radiates to the left arm, wrist, hand, and fingers, rating "6-7 out of 10", burning left wrist pain and muscle spasms, rating "5-6 out of 10", burning radicular mid back pain with muscle spasms, rating "6 out of 10", burning low back pain with radiation to the hips, rating "6 out of 10", burning right knee pain and muscle spasms, rating "6-7 out of 10", and burning right ankle and foot pain and muscle spasms radiating to the toes, rating "6-7 out of 10". He also complains of anxiety, stress, and depression due to an inability to work and perform his activities of daily living. The physical exam (8-26-15) reveals tenderness to palpation of the lumbar paraspinal muscles. Range of motion of the lumbar spine is noted to be diminished. Diagnostic studies have included x-rays of the lumbar spine and an MRI of the lumbar spine on 6-6-15. Treatment has included physical therapy, acupuncture treatment, chiropractic treatment, and medications. The utilization review (10-8-15) includes a request for authorization of an MRI of the lumbar spine without contrast. The request was denied.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of lumbar spine w/o contrast:** 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): Summary.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a recent MRI a few months prior, which showed multi-level disc desiccation. The request for an MRI of the lumbar spine is not medically necessary.