

<b>Case Number:</b>	CM15-0030308		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 41 year old male, who sustained an industrial injury on 2/24/14. On 2/18/15, the injured worker submitted an application for IMR for review of MRI of the Lumbar Spine. The treating provider has reported the injured worker complained of pain and problems to lumbosacral area that radiates into the buttocks and lower extremities. The diagnoses have included cervical myoligaentous sprain/strain with multilevel degenerative bulging discs, right C6 radiculitis, lumbar myoligaentous sprain/strain, anxiety and depression. Treatment to date has included physical therapy, EMG/NCS upper extremities (7/7/14), epidural steroid injection (9/15/14); MRI cervical spine (12/16/11). On 1/27/15 Utilization Review non-certified MRI Lumbar Spine. The MTUS Guidelines were cited.

### 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 ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** This patient presents with constant neck pain that radiates into the mid-back and left shoulder and increases with activity. The treater requests MRI of the lumbar spine, however, no PR2 was submitted with the treatment request. ODG guidelines recommends MRI for uncomplicated low back pain with radiculopathy after one month of conservative therapy, sooner if severe or progressive neurologic deficits. The 1/15/15 progress report notes that this patient "is a candidate for surgery" and treater requests authorization for the patient to undergo an anterior cervical discectomy and instrumented fusion at C5-6 and C6-7. While the cervical neurological deficits are not in dispute, there is no clear indication as for the request for an MRI of the lumbar spine. Reported pain only extended to the mid-back, with no reports of affect to the lumbar back or the lower extremities. Given the unclear clinical picture of why a lumbar spine MRI was requested, the request IS NOT medically necessary.