

<b>Case Number:</b>	CM15-0035815		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 58 year old, male who sustained a work related injury on 11/5/12. The diagnoses have included cervical spine strain/sprain, bilateral arm radiculopathy, right shoulder strain, right shoulder impingement, left knee osteoarthritis and status post left total knee replacement. Treatments have included neurodiagnostic studies of arms, MRIs, a home exercise program and medications. In the PR-2 dated 1/13/15, the injured worker complains of pain in cervical neck, right shoulder and left knee. He states pain in neck has increased and he has stiffness. He rates all pain an 8/10. The treatment plan is a request per recommendation of the Agreed Medical Examiner for a lumbar spine MRI.

### 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 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 303, 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

**Decision rationale:** Pursuant to the 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. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, indictments of the injured workers working diagnoses are cervical spine sprain/strain; bilateral arm radic.; Lumbosacral sprain/strain; right leg radic.; bilateral shoulder str. impingement; Bilateral elbow (?). The documentation from a January 13, 2015 progress note is largely illegible. Subjective documentation is largely illegible but does not appear to contain lumbar spine complaints. Objective documentation is largely illegible but does not appear to contain objective clinical findings referencing the lumbar spine. There is no neurologic evaluation in the documentation. There are no unequivocal objective findings identifying specific nerve compromise on the neurologic examination. Consequently, absent clinical documentation with unequivocal objective nerve compromise and subjective complaints and objective findings referencing the lumbar spine, MRI of the lumbar spine is not medically necessary.