

<b>Case Number:</b>	CM15-0049285		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Hawaii  
 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 46 year old, male patient, who sustained an industrial injury on 12/18/2014. A orthopedic consultation dated 02/04/2015, reported chief complaint of neck and low back pains. Prior treatment to include, radiography study, therapy session, and anti-inflammatory medication. His current complaints are experiencing persistent pain in the neck and low back that radiates down his right leg and right arm, and associated with weakness. Physical examination found him with tenderness over the cervical spine and paraspinal musculature with mild spasm. He has a 10 % limitation in his range of motion of the neck and a positive Spurling's. The diagnostic impression noted cervical and lumbar spine degenerative disc disease with intermittent radiculopathy. He is to return to work under modified duties. The plan of care involved: recommending a magnetic resonance imaging of cervical and lumbar spine, pain management referral, chiropractic treatment and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the lumbar spine:** Overturned

**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 ODG Low Back MRIs.

**Decision rationale:** The patient presents with low back pain which radiates into the bilateral extremities. The current request is for MRI (magnetic resonance imaging) of the lumbar spine. The treating physician states, "I have requested an MRI of the cervical and lumbar spine to evaluate for further." (6B) The ODG guidelines support MRI scans for patients with lower back pain with radiculopathy and other red flags. In this case, the treating physician has documented that the patient has radiating pain into the bilateral extremities and has weakness. The patient has not had an MRI scan done prior to this request and the pain is worsening. The current request is medically necessary and the recommendation is for authorization.