

<b>Case Number:</b>	CM15-0054504		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Preventive Medicine, Occupational 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 (IW) is a 50-year-old male who sustained an industrial injury on 01/08/2015. He reported neck pain with radicular components, lumbar spine strain with radicular components, and left shoulder strain with myospasms. The injured worker was diagnosed as having status post work related auto accident, cervical spine strain with radicular complaints, lumbar spine strain with radicular complaints, and left shoulder strain with myospasms. Treatment to date has included diagnostic x-rays, oral pain medications, chiropractic care and physical therapy for the cervical, thoracic, and lumbar spine and left shoulder. Currently, the injured worker complains of intermittent moderate neck pain aggravated by looking to the sides and tilting his head up and down; moderate left shoulder pain aggravated by reaching overhead, behind and to the sides; intermittent low back pain, and intermittent moderate pelvic pain. Treatment plans included physical therapy, and MRI of the cervical and the lumbar spine, and MRI of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints  
Page(s): 303, 177-178 and 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303.

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise, which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.