

<b>Case Number:</b>	CM15-0080418		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/11/2015
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, 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:

This is a 49-year-old male patient who sustained an industrial injury on 01/11/2015. Diagnoses include sprain/strain of the back. He sustained the injury due to pinned in between metal bar and wall. According to the progress notes dated 4/3/15, he had sharp, throbbing, needle-like sensations in the back, numbness in the mid back, worse pain in the low back and tingling in the right shoulder. He stated the pain interfered with activities of daily living. The physical examination revealed right shoulder- tenderness over the AC joint, limited range of motion and positive impingement sign; back- tenderness on the T6 and T8 over the rib cage, 5/5 strength in lower extremities. Per the note dated 3/16/2015, patient had full thoracolumbar spine range of motion. The medications list includes Tylenol#3 and mobic. He has had diagnostic studies including X-rays. He has undergone surgery for tumor in his head on 1/15/2014. He has had physical therapy and chiropractic treatment.

### 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 Page(s): 308 - 310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 303-304.

**Decision rationale:** Request: MRI of the lumbar spine Per the ACOEM low, back guidelines cited below "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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits in this patient. The history or physical exam findings do not indicate lumbar spine pathology including cancer, infection, or other red flags. Electro diagnostic studies with findings of radiculopathy are not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. Per the records provided patient underwent surgery for tumor in the head on 1/15/2014. Details regarding this surgery and type of tumor (benign or malignant), is not specified in the records provided. The medical necessity of MRI of the lumbar spine is not medically necessary for this patient now.