

<b>Case Number:</b>	CM15-0089198		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: 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 42 year old male, who sustained an industrial injury on 12/5/14. He has reported initial complaints of pain in the back and left wrist after opening a compactor door with the handle breaking off and he fell onto metal steps. The diagnoses have included back strain, wrist sprain, and tennis elbow, left wrist fracture, back muscle spasms, and back sprain. Treatment to date has included medications, rest, ice, diagnostics, orthopedic, immobilizer brace, physical therapy and conservative care. Currently, as per the physician progress note dated 2/27/15, the injured worker complains of back pain and left lateral wrist pain with hand swelling. The objective findings reveal tenderness in the paraspinal muscles over the right thoracic spine and left hand swelling, left wrist pain and left hand tenderness. The physician treatment plan was Magnetic Resonance Imaging (MRI) of the left hand and wrist, physical therapy for back, hand and wrist and orthopedic follow up after Magnetic Resonance Imaging (MRI) for steroid injection. The current medications included Ibuprofen, Cyclobenzaprine, Naproxen and Norco. There is no urine drug screen noted in the records. The physician requested treatments included Magnetic Resonance Imaging (MRI) with contrast for lumbar spine and Magnetic Resonance Imaging (MRI) without contrast for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter (MRIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated 4/10/15 documented negative straight leg test. No neurologic deficits were documented on physical examination. No plain film radiographs results were documented. No evidence of cauda equina, tumor, infection, or fracture was documented. Therefore, the request for lumbar MRI magnetic resonance imaging is not supported by MTUS & ACOEM guidelines. Therefore, the request for MRI with contrast of the lumbar spine is not medically necessary.

**MRI without contrast for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter (MRIs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The primary treating physician's progress report dated 4/10/15 documented negative straight leg test. No neurologic deficits were documented on physical examination. No plain film radiographs results were documented. No evidence of cauda equina, tumor, infection, or fracture was documented. Therefore, the request for lumbar MRI magnetic resonance imaging is not supported by MTUS & ACOEM guidelines. Therefore, the request for MRI without contrast of the lumbar spine is not medically necessary.