

<b>Case Number:</b>	CM14-0113438		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/28/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 34-year-old individual was reportedly injured on 2/28/2013. The mechanism of injury was noted as a fall. The most recent progress note, dated 4/7/2014, indicated that there were ongoing complaints of neck pain, left shoulder pain, low back pain, and left knee pain. The physical examination demonstrated left shoulder limited range of motion with pain and spasm in all directions, positive impingement, positive Empty can-supraspinatus test, and positive apprehension test. Cervical spine had positive tenderness to palpation and hypertonicity of the paracervical muscles. Range of motion was limited by pain in all directions. There was positive spasm with flexion and extension and spasm of the left bicep and trapezius muscle. There were also positive Spurling's test, foraminal compression test, and shoulder depression test; they were all positive bilaterally. Thoracic spine had positive 3+ tenderness and hypertonicity of the parathoracic muscles. Lumbar spine had 3+ tenderness to palpation and hypertonicity of the lumbar muscles. Decreased range of motion was with pain in all ranges. Minor's sign was present. Valsalva maneuver was present. There was also positive Kemp's test bilaterally. Seated straight leg raise test was positive 30° on the right and the patient was unable to assess on the left. Left knee had positive tenderness over the medial lateral joint line of the left knee. Range of motion was limited by pain 0-90°. Reflexes 2+ were equal bilaterally. Muscle strength was 4/5 to 5/5 bilateral lower extremities. No recent diagnostic studies were available for review. Previous treatment included medications and conservative treatment. A request had been made for MRI lumbar spine and was not certified in the pre-authorization process on 6/27/2014.

### 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 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks, if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records report radiculopathy of the lower extremities in a specific downtown. Therefore, the request is not medically necessary.