

<b>Case Number:</b>	CM14-0117581		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 62-year-old female who reported an injury on 03/08/2013. The mechanism of injury was not provided within the documentation submitted for review. The injured worker's diagnoses were noted to be lumbar myofasciitis, lumbar spine sprain/strain, lumbar radiculopathy, cervical spine sprain/strain, cervical radiculopathy, shoulder rotator cuff syndrome, shoulder sprain/strain, carpal sprain/strain, and insomnia. Prior treatments were noted to be acupuncture, medications, physical therapy, trigger point injections, and home exercise. The most recent clinical evaluation was 07/16/2014. The subjective complaints include low back pain rated at a 9/10, described as aching and dull. In addition, neck pain, also rated 9/10 was described as aching. She indicated her right hand felt dull and aching, and rated it a 9/10. Her right shoulder was dull and aching. She rated pain an 8/10 and reported loss of sleep due to pain. The objective findings on the physical examination were tenderness along the paralumbar region of the lumbar spine with myospasm and reduced range of motion; circumscribed with twitch response and referred pain. Taut bands with jump signs were noted in the bilateral paralumbar musculatures. In the cervical spine, paracervical tenderness, myospasm and reduced range of motion were noted. In the right tenderness and limited range of motion were noted. In the right shoulder, tenderness and limited range of motion were noted. The treatment plan is missing from the documentation provided for review. The rationale for the request is not within the documentation submitted for review. A Request for Authorization form was also not noted within the review.

### 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 Page(s): PAGES 303-304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI's.

**Decision rationale:** The California MTUS American College of Occupational and Environmental Medicine state unequivocal objective findings that identify a specific nerve compromise of 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 the nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The Official Disability Guidelines state MRIs are recommended for indications such as lumbar spine trauma, neurological deficit, seatbelt fracture, uncomplicated low back pain, suspicion of cancer, infection, and "red flags." MRIs are indicated for back pain with radiculopathy after at least 1 month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The guidelines continue to recommend MRIs for indications of prior lumbar surgery, myelopathy, traumatic or painful sudden onset, or slowly progressive infectious disease pain. In addition, MRIs are indicated for oncology patients and postsurgery to evaluate the status of a fusion. The evaluation provided with this review does not have enough qualifying neurological deficits documented to warrant a magnetic resonance imaging study at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary.