

<b>Case Number:</b>	CM14-0156639		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 22-year-old male who reported an injury on 07/05/2014 after a slip and fall to the ground. The injured worker reportedly sustained an injury to his cervical spine and low back. The injured worker was evaluated on 07/23/2014. It was documented that the injured worker complained of 6/10 pain with range of motion of the neck and 8/10 pain due to headaches. It was noted that the injured worker had 8/10 low back pain exacerbated by activity. Physical findings included moderate tenderness to palpation of the cervical spine with restricted range of motion secondary to pain and a positive cervical distraction test bilaterally and a positive shoulder depression test for pain bilaterally. Evaluation of the lumbar spine documented restricted range of motion secondary to pain with a positive straight leg raising test to the right, positive Kemp's test to the right, positive compression test from the L3-S1 and a positive Yeoman's test bilaterally. The injured worker had -5/5 right sided motor strength in the L5-S1 distribution. The patient had decreased sensation in the L5-S1 dermatomal distribution. The injured worker's diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, and anxiety and depression. A request was made for an initial evaluation for chiropractic care and a 6 visit clinical trial, an MRI of the cervical spine and a MRI of the lumbar spine. An undated Request for Authorization was submitted for 6 visits of chiropractic care, a cervical MRI and a lumbar MRI.

### 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. Decision based on Non-MTUS Citation ODG Low Back/MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI of the lumbar spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend lumbar MRIs for patients with clinically evident radiculopathy that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence that the patient has been conservatively treated in an attempt to resolve the patient's radicular issues. Therefore, the need for an MRI of the lumbar spine would not be supported in this clinical situation. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.