

<b>Case Number:</b>	CM14-0182887		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Internal Medicine and is licensed to practice in California. 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 30-year-old man with a date of injury of February 19, 2014. The mechanism of injury occurred while he was driving on a freeway, and was involved in a rollover motor vehicle accident. He sustained a laceration to his head, and experienced immediate neck and back pain. The injured worker complains of neck pain, upper back pain, low backache, and headache. Pain is rated 2/10 with medications and 8/10 without medications. He does not report any change in location of pain. His quality of life remains unchanged. His activity level has increased. Since last visit he has continued to work. The injured worker is taking his medications as prescribed. Objective physical findings revealed restricted range of motion in the cervical spine. There is thoracic spine tenderness over the paravertebral muscles on the left side. Examination of the lumbar spine revealed no scoliosis, asymmetry or abnormal curvature noted. Range of motion was restricted with flexion limited to 50 degrees and extension limited to 10 degrees. On palpation, paravertebral muscles, hypertonicity, tenderness, tight muscles band and trigger point is noted on the left side. Straight leg raise test is negative. FABER test is negative. All lower extremity reflexes are equal and symmetrical. Trigger points with radiating pain and twitch response on palpation at lumbar paraspinal muscles on the left trapezius muscles on the left. Neurologic exam was normal. Sensory and motor exams were normal. Deep tendon reflexes were equal and symmetrical on both sides. The injured worker was diagnosed with cervical facet syndrome, lumbar disc disorder, post-concussion syndrome, and spasms of muscles. Current medications include Lyrica 25mg, Norco 10/325mg, and Zipsor 25mg. Treatment plan includes MRI of the lumbar spine for evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (Magnetic Resonance Imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Magnetic Resonance Imaging (MRI)

**Decision rationale:** Per Official Disability Guidelines, MRI evaluation of the lumbar spine is not medically necessary. The guidelines provide indications for magnetic resonance imaging. The indications include, but are not limited to, lumbar spine trauma, neurologic deficits; uncomplicated low back pain with red flags, with radiculopathy after at least one month conservative therapy, prior lumbar surgery. In this case, examination of the neck showed tenderness, a tight muscled band with trigger points on the left side. Thoracic paravertebral tenderness was present and lumbar spine paravertebral tenderness, tight muscle band and trigger points are present on the left side. Neurologic evaluation was unremarkable. Motor examination was normal sensory examination was normal reflexes were normal and there were no pathologic reflexes present. Indications for magnetic resonance imaging include lumbar spine trauma with neurologic deficits; uncomplicated low back pain with red flags and radiculopathy that persists after one month of conservative therapy. The injured worker had a normal neurologic examination with tenderness over the paravertebral vertebral musculature of the cervical spine, thoracic spine, and lumbar spine. Additionally, there was no rationale explaining specifically what the treating physician was looking for. Consequently, there were no indications for MRI evaluation of the lumbar spine. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, MRI evaluation lumbar spine is not medically necessary.