

<b>Case Number:</b>	CM15-0124019		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/28/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Preventive Medicine, Occupational 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:

This 33-year-old male sustained an industrial injury to the neck and back on 4/28/15. Documentation did not disclose previous treatment or radiology studies. In an initial evaluation dated 6/2/15, the injured worker complained of neck, upper back and low back pain rated 9/10 on the visual analog scale associated with stiffness and tightness. Physical exam was remarkable for cervical spine with pain upon range of motion, tenderness to palpation in all planes and positive bilateral foraminal compression, Jackson Compression and Spurling's tests, thoracic spine with pain upon range of motion and tenderness to palpation to the paraspinal and subscapular musculature and lumbar spine with tenderness to palpation, pain upon range of motion and positive bilateral Kemp's, Ely's, Bechterew's and Iliac compression tests. The injured worker was diagnosed with cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, myofasciitis and radiculitis. The treatment plan included a transcutaneous electrical nerve stimulator unit for home use, acupuncture one to two times a week for four weeks, magnetic resonance imaging cervical spine and lumbar spine, electromyography bilateral upper extremities, a functional capacity evaluation and beginning home stretches and exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303, 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no evidence in the available documentation of concerns for any of the above red flag conditions; therefore, the request for MRI (magnetic resonance imaging) lumbar spine is determined to not be medically necessary.