

<b>Case Number:</b>	CM15-0175410		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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:

The injured worker is a 35 year old male, who sustained an industrial injury on April 01, 2014. The injured worker was diagnosed as having cervical sprain, derangement of the joint not otherwise specified of the shoulder, lumbar radiculopathy, internal derangement of the knee not otherwise specified, sprains and strains of the ankle, and contusion of the face, scalp, and neck except eye. Treatment and diagnostic studies to date has included magnetic resonance arthrogram of the left shoulder, physical therapy, medication regimen, acupuncture, and left shoulder injection. In a progress note from August 12, 2015, the treating physician reported constant pain to the left shoulder and left ankle with a pain rating of a 5 to 7 out of 10. In a progress note dated August 13, 2015 the treating physician reports complaints of hyper-acoustic, headaches, tinnitus, memory loss, cognitive issues, and visual changes. Examination from August 13, 2015 was revealing for spasm to the cervical paraspinal muscles, tenderness to the cervical paraspinal muscles, decreased range of motion to the cervical spine, decreased range of motion to the shoulders, positive impingement signs to the bilateral shoulders, spasm to the lumbar paraspinal muscles, tenderness to the lumbar paraspinal muscles, decreased range of motion to the lumbar spine, positive straight leg raise to the bilateral lower extremities, decreased range of motion to the right hip, tenderness to the medial knee joint, and tenderness to the right ankle joint. On August 13, 2015, the treating physician requested magnetic resonance imaging of the lumbar spine, but the documentation provided did not indicate the specific reason for the requested study. On August 28, 2015, the Utilization Review determined the request for magnetic resonance imaging of the lumbar to be not medically necessary.

## **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 Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004,  
Section(s): Special Studies.

**Decision rationale:** MTUS Guidelines does not recommend lumbar MRI studies unless there are progressive/persistent neurological deficits and/or red flag conditions are suspected and/or it is needed for procedural planning. These conditions are not documented to be present. There is intact muscle strength, reflexes and functioning of the lower extremities. It is noted that there is diminished sensation of the bilateral feet, but the dermatomal distribution, location and intensity of this finding is not detailed. Under these circumstances, the request for the lumbar MRI is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. At this point in time the MRI of the lumbar spine is not medically necessary.