

<b>Case Number:</b>	CM15-0042686		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Physical Medicine & Rehabilitation

### 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 37 year old male who sustained an industrial injury on 02/07/2013 with injuries to his neck, lower back and right shoulder. Treatment to date includes physical therapy, diagnostics, pain medications and MRI. The injured worker presents on 02/03/2015 with complaints of frequent lumbar spine pain with occasional radiation to the bilateral anterolateral thighs. Examination of the lumbar spine revealed straight leg raise was positive bilaterally. Sensation was normal in the upper and lower extremities. Deep tendon reflexes were also normal. Diagnosis includes acute lumbar strain, rule out disc herniation and acute cervical strain. The provider requested authorization for MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Lower back - Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

**Decision rationale:** The 38 year old patient complains of pain in cervical spine and lumbar spine, rated at 6-7/10, with occasional radiation to the right upper extremity, as per progress report dated 01/28/15. The request is for MRI OF LUMBAR SPINE. The RFA for the case is dated 02/05/15, and the patient's date of injury is 02/07/13. Diagnoses, as per progress report dated 01/28/15, included acute cervical strain, acute lumbar strain, right shoulder rotator cuff syndrome, r/o disc herniations, and r/o right shoulder rotator cuff tear. The patient is working with restrictions, as per the same progress report. ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter Lower back-Lumbar & Thoracic (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRIs)' does not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, none of the progress reports document prior MRI of the lumbar spine. The patient remains symptomatic in spite of conservative care, as per progress report dated 01/28/15. Hence, the treating physician is requesting for a lumbar MRI. Although physical examination did not reveal any loss of sensation in upper and lower extremities, there is radiation of pain in the posterior thigh with a positive straight leg raise. Given the neurologic deficit, an MRI of the lumbar spine is reasonable and IS medically necessary.