

<b>Case Number:</b>	CM15-0077228		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Montana

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 29 year old male painter who sustained an industrial injury on June 24, 2015, when he slipped on scaffolding and fell into a building, injuring his back, chest, knee and shoulder. He was diagnosed with cervicalgia, thoracic sprain, lumbar sprain, shoulder pain, and knee contusion and right wrist pain. Treatment included pain management, muscle relaxants and knee and wrist bracing. Currently, the injured worker complained of pain in the lower back. The treatment plan that was requested for authorization included Magnetic Resonance Imaging 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 the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are knee pain right; low back pain; cervicalgia; pain in the wrist; and thoracic or lumbosacral neuritis or radiculitis. The most recent progress note in the medical record is dated April 8, 2015. Subjectively, the injured worker had increased pain in the lower back. Additional complaints were the pain and wrist pain, right. Objectively, the documentation included decreased range of motion of the lumbar spine. There was no neurologic examination performed. There were no unequivocal objective findings and identify specific nerve compromise on the neurologic examination to warrant imaging. There are insufficient clinical findings documented in the medical record to support an MRI of the lumbar spine. Consequently, absent clinical documentation with a neurologic examination, unequivocal objective evidence specific nerve compromise, a detailed physical examination of the lumbar spine and ongoing conservative treatment (other than medications, i.e. physical therapy), MRI lumbar spine is not medically necessary.