

<b>Case Number:</b>	CM15-0098138		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 42-year-old female who sustained an industrial injury on 11/25/05. The injured worker was diagnosed as having shoulder impingement syndrome, myalgia and myositis, sprain of neck, sprain thoracic region and sprain lumbosacral. Currently, the injured worker was with complaints of left shoulder pain. Previous treatments included trigger point injections and medication management. Previous diagnostic studies included radiographic studies. Physical examination was notable for tenderness in the vertebral spine, paraspinal muscles, and cervical spine. The plan of care was for a magnetic resonance imaging.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for imaging - magnetic resonance imaging (MRI).

**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 rationale included for the lumbar MRI. The physical exam reveals lumbar tenderness but no other findings to indicate that an MRI would be indicated. The request for MRI of the lumbar spine is determined to not be medically necessary.