

<b>Case Number:</b>	CM14-0153772		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year-old patient sustained an injury on 9/10/13 while employed by [REDACTED]. Request(s) under consideration include MRI of the Lumbar Spine. Diagnoses include lumbar sprain/ muscle spasm. Report of 8/13/14 from the provider noted the patient with ongoing chronic non-radiating low back pain. The patient had left shoulder pain treated with cortisone injection into the bursa with good relief. Conservative care has included medications, therapy, and modified activities/rest. Physical therapy to the cervical and lumbar spine has provided good benefit; however, still with non-radiating low back pain. Exam showed limited cervical range in rotation; positive Tinel's sign in bilateral elbows and elbow flexion test; bilateral hand and wrist with positive bilateral Phalen's and Tinel's. NO neurological exam of lumbar spine or lower extremity noted. Diagnoses included lumbosacral strain/ arthrosis. EMG/NCV dated 3/7/14 showed mild to moderate left CTS, mild right CTS and mild bilateral ulnar neuropathy. Report of 3/18/14 from orthopedic QME evaluator noted lumbar exam findings of lumbar spasm; negative SLR, DTRs 2+ symmetrical; intact sensation to light touch in bilateral lower extremities; mild limited lumbar extension and lateral bending; with intact 5/5 motor strength throughout lower extremities. There was question of symptom exaggeration. Orthopedic QME noted the patient has reached MMI for cumulative trauma from 2008 to September 10, 2013 and upon completion of physical therapy, will be considered MMI for the 9/10/13 injury. The request(s) for MRI of the Lumbar Spine was non-certified on 8/27/14 citing guidelines criteria and lack of medical necessity.

### 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 Disability Guidelines (ODG) Low back Chapter, MRI subheading

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

**Decision rationale:** This 49 year-old patient sustained an injury on 9/10/13 while employed by [REDACTED]. Request(s) under consideration include MRI of the Lumbar Spine. Diagnoses include lumbar sprain/ muscle spasm. Report of 8/13/14 from the provider noted the patient with ongoing chronic non-radiating low back pain. The patient had left shoulder pain treated with cortisone injection into the bursa with good relief. Conservative care has included medications, therapy, and modified activities/rest. Physical therapy to the cervical and lumbar spine has provided good benefit; however, still with non-radiating low back pain. Exam showed limited cervical range in rotation; positive Tinel's sign in bilateral elbows and elbow flexion test; bilateral hand and wrist with positive bilateral Phalen's and Tinel's. NO neurological exam of lumbar spine or lower extremity noted. Diagnoses included lumbosacral strain/ arthrosis. EMG/NCV dated 3/7/14 showed mild to moderate left CTS, mild right CTS and mild bilateral ulnar neuropathy. Report of 3/18/14 from orthopedic QME evaluator noted lumbar exam findings of lumbar spasm; negative SLR, DTRs 2+ symmetrical; intact sensation to light touch in bilateral lower extremities; mild limited lumbar extension and lateral bending; with intact 5/5 motor strength throughout lower extremities. There was question of symptom exaggeration. Orthopedic QME noted the patient has reached MMI for cumulative trauma from 2008 to September 10, 2013 and upon completion of physical therapy, will be considered MMI for the 9/10/13 injury. The request(s) for MRI of the Lumbar Spine was non-certified on 8/27/14. Exam from the orthopedic QME showed tenderness and decreased range, but with intact neurological exam in motor strength, sensation, and reflexes without remarkable provocative testing. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. The patient has been deemed MMI per QME. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and sensation throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Lumbar Spine is not medically necessary.