

<b>Case Number:</b>	CM14-0154378		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine; has a subspecialty in Nephrology 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 is a 56-year-old female with a 3/21/14 date of injury. The mechanism of injury involved falling over a cart, injuring her shoulders, back, and whole body. The patient was seen by an occupational medicine/family practitioner from 3/28/14 to 4/29/14. On the last clinic visit dated 4/29/14, the patient complained of a 3/10 pain in the neck, upper and lower back. It was noted that her pain had improved since the last clinic visit. The patient denied any weakness, numbness, or paresthesia of the lower extremities. She also denied any bowel or bladder incontinence. Exam findings revealed no tenderness to palpation of the L-spine, in addition to a full range of motion of the trunk and all extremities. Straight leg raise was negative bilaterally. There were no sensory or motor deficits, and deep tendon reflexes were normal for all extremities. The patient's diagnoses included cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain. The patient's medications included Tylenol and ibuprofen. It was noted that the patient had achieved pre-injury status and was discharged to return to work without limitations. Also dated 4/29/14, an initial chiropractic care visit reported that the patient had neck, shoulder, upper and lower back pain (no pain level specified). The exam findings at that visit revealed a positive straight leg raise at 45 degrees. The MRI L-spine was requested at this initial chiropractic care visit. Treatment to date: medications, chiropractic care An adverse determination was received on 9/3/14 due to the lack of any clinical "red flags" warranting an MRI of the L-spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter.ACOEM guidelines, Second Edition, pages 303-304, 309.

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

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. This patient reported improvement in her neck and back pain as stated by the occupational medicine progress report dated 4/29/14. The report also noted that the patient had achieved pre-injury status and was discharged to return to work without limitations. An initial chiropractic care note, also dated 4/29/14, reported that the patient had neck, shoulders, upper and lower back pain (no pain level specified). The exam findings at that visit revealed a positive straight leg raise at 45 degrees. The MRI L-spine was requested at this initial chiropractic care visit. The documentation lacked objective findings identifying any specific nerve compromise on the neurologic examination. Also, the MRI was requested at the initial chiropractic care visit, prior to the initiation of any chiropractic therapy. In addition, there was no documentation of any clinical "red flags" (i.e. urinary incontinence, progressive neurologic deficit, foot drop, etc.) that would raise suspicion for a possible cauda equina syndrome or significant herniated nucleus pulposus. The documentation lacked the clinical evidence warranting an MRI of the lumbar spine. Therefore, the request for MRI Lumbar was not medically necessary.