

<b>Case Number:</b>	CM16-0239479		
<b>Date Assigned:</b>	12/16/2016	<b>Date of Injury:</b>	10/15/2016
<b>Decision Date:</b>	01/13/2017	<b>UR Denial Date:</b>	12/06/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2016

### 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 48 year old male, who sustained an industrial injury on 10-15-16. Medical records indicate that the injured worker is undergoing treatment for a lumbar strain, right shoulder strain and contusion of the right elbow. The injured worker is working with restrictions. On (11-21-16) the injured worker complained of constant low back pain with occasional radiation to the right buttock. The pain is worse with bending and better with rest. The injured worker also reported right shoulder pain and right elbow pain. Objective findings revealed tenderness over the thoracolumbar spine, right buttock and paravertebral musculature without spasms. There was no restriction of range of motion of the back. Sensation to light touch and pinprick was intact in all dermatomes in the bilateral lower extremities. A straight leg raise was negative. Muscle strength was intact in the bilateral lower extremities. Treatment and evaluation to date has included medications and physical therapy. Current medications include Cyclobenzaprine at bedtime. The Request for Authorization dated 11-21-16 is for a MRI of the lumbar spine without contrast. The Utilization Review documentation dated 12-6-16 non-certified the request for a MRI of the lumbar spine without contrast.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**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, the physical examination does not reveal tissue insult, nerve impairment, or other red flags that would warrant a lumbar MRI at this time. Medical necessity has not been established. The request for MRI of the lumbar spine without contrast is not medically necessary.