

<b>Case Number:</b>	CM13-0018329		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 female patient with a date of injury of July 8, 2013. A utilization review determination dated August 20, 2013 recommends noncertification for MRI of the cervical spine, MRI of the lumbar spine, and diagnostic ultrasound bilateral ankles. A progress report dated August 9, 2013 identifies subjective complaints including bilateral ankle pain, bilateral knee pain, low back pain with intermittent radiation into the legs, neck pain radiating into the upper extremities with numbness and tingling in the right greater than left hand, bilateral shoulder pain, and weight gain. Physical examination identifies loss of cervical lordosis, tenderness to palpation with hypertonicity over bilateral paravertebral muscles in the upper trapezius, negative Spurling's maneuver, reduced cervical range of motion, decreased sensation to pinprick in the ulnar nerve distribution, normal muscle bulk and tone, and normal reflexes. Physical examination also reveals limited range of motion in the lumbar spine with tenderness to palpation and spasm. There are radicular symptoms with straight leg raise. Ankle examination identifies diffuse edema and swelling noted. There is tenderness to palpation over the left greater than right Achilles tendon. No laxity is noted with drawer testing or valgus/Varus tests. Slight tenderness to palpation is present over the medial and lateral ligament complexes. Diagnoses include cervical spine sprain/strain with right greater than left upper extremity radiculitis versus entrapment neuropathy, lumbar spine musculoligamentous sprain/strain with severe degenerative changes at L5-S1, and left ankle sprain secondary to the injury that occurred on August 14, 2007 with the development of right ankle tendinitis secondary to abnormal weight-bearing. Treatment plan recommends chiropractic services/physiotherapy, weight loss program, EMG/nerve conduction velocity studies of bilateral upper extremities, and MRI of the cervical and lumbar spine, and ultrasound of bilateral ankles to rule out tendon or ligamentous tear. An

electrodiagnostic study dated August 29, 2013 identified moderate bilateral carpal tunnel syndrome, and no evidence of cervical radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, there is no documentation of a neurologic deficit which has failed to respond to at least 3 months of conservative treatment. Finally, it appears there is some confusion regarding the source of the patient's current neuropathic pain complaints. An electrodiagnostic study dated August 29, 2013 identified moderate bilateral carpal tunnel syndrome, and no evidence of cervical radiculopathy. The requesting physician is not provided any objective examination findings, or any statement indicating why he feels the electrodiagnostic study results would be insufficient to explain the patient's current symptoms, and therefore why additional diagnostic evaluation would be needed. In the absence of clarity regarding these issues, the currently requested cervical MRI is not medically necessary.

**MRI of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Official Disability Guidelines states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative

therapy. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, there is no documentation of a specific neurologic deficit (which would correspond with radiculopathy) that has failed to respond to at least 3 months of conservative treatment. In the absence of clarity regarding these issues, the currently requested lumbar MRI is not medically necessary.

**Diagnostic Ultrasound of the Bilateral Ankles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Ultrasound (diagnostic)

**Decision rationale:** Regarding the request for diagnostic ultrasound, Chronic Pain Medical Treatment Guidelines and ACOEM do not contain criteria for the use of this imaging modality. Official Disability Guidelines recommends the use of diagnostic ultrasound for the ankle and foot when there is suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis with corroborating physical examination findings. Within the documentation available for review, there is no indication that tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis are suspected. In the absence of such documentation, the currently requested diagnostic ultrasound of bilateral ankles is not medically necessary.