

<b>Case Number:</b>	CM13-0021221		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/18/1999
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Occupational Medicine, and is licensed to practice in New York. 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture; topical agents; and a rather proscriptive permanent work restriction of no lifting more than 5 pounds. It does not appear that the applicant's limitations have been accommodated, however. In a utilization review report of September 6, 2013, the claims administrator denied a request for MRI imaging. The applicant's attorney later appealed. A later note of September 16, 2013 is notable for comments that the applicant reports persistent neck, back and right wrist pain. She reports numbness about the legs. She is having difficulty to work for "a long distance." The applicant is somewhat overweight with a BMI of 28. She is given diagnoses of lumbar radiculopathy, chronic pain, and cervical spondylosis. The 5-pound lifting limitation is again endorsed. An earlier note of August 26, 2013 is notable for comments that the applicant has numbness about the legs. Diminished sensation to light touch is noted about the lower extremities with 4+/5 bilateral lower extremity strength and an antalgic gait again appreciated. MRI imaging of both lumbar and cervical spines is endorsed. It is stated that the applicant needs an open MRI as she is claustrophobic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-A, MRI and/or CT scanning can be employed to validate a diagnosis of nerve root compromise based on clear history and physical exam findings in preparation for an invasive procedure. In this case, however, there is no clear-cut evidence of nerve root compromise pertaining to the cervical spine, either based on historical complaints or physical exam findings. There is no evidence that the applicant would act on the results of the cervical MRI. There is no evidence that the applicant would consider an interventional procedure or spine surgery were it offered to her. No physical exam pertaining to the cervical spine is documented. The bulk of the applicant's complaints are seemingly referable to the lumbar spine. For all these reasons, then, the original utilization review decision is upheld. The request remains non-certified.

**Open MRI of lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, findings which identify neurologic compromise are sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider surgery an option. In this case, it is not clearly stated that the applicant would consider surgery were it offered to her. Nevertheless, it does appear that the applicant has some evidence of lower extremity neurologic compromise associated with the lumbar spine. There is evidence of subjective complaints of numbness about the lumbar spine, coupled with weakness appreciated on exam along with an antalgic gait. All of the above, taken together, do suggest neurologic compromise pertaining to the lumbar spine. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review. The MTUS guideline in ACOEM Chapter 12 is augmented by the Third Edition ACOEM Guidelines which do support usage of open MRIs in those individuals who have claustrophobia that is not alleviated with a low-dose anxiolytic prior to the MRI. In this case, it does appear that the claimant has evidence of claustrophobia which would prevent conventional lumbar MRI imaging. For all these reasons, the original utilization review decision is overturned. The request is certified. While the MTUS Guideline in ACOEM Chapter 12 did address the topic of MRI imaging, it did not specifically address the topic of open MRI imaging; therefore, the Third Edition ACOEM Guidelines were added to augment the MTUS guideline here.