

<b>Case Number:</b>	CM13-0027608		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Nevada. 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:

The injured worker is a 33-year-old female who was reportedly injured on January 23, 2013. The mechanism of injury is noted as the onset of back pain while putting out water for customers. The most recent progress note dated August 22, 2013, indicates that there are ongoing complaints of low back pain without radiation to the lower extremities. The physical examination demonstrated full range of motion of the lumbar spine and pain with facet loading of the thoracic and lumbar spine. There was stated to be slight hyperreflexia of the left patella and ankle. Imaging studies of the lumbar spine were performed in May 2012 and indicate lumbar spondylosis. A previous magnetic resonance image (MRI) the lumbar spine was performed also performed in November 2010. A MRI the thoracic spine was obtained on May 2013 and was essentially normal. A MRI of the cervical spine dated November 19, 2010 indicated multilevel minor annular bulging. Previous treatment includes physical therapy. A request was made for a MRI the cervical spine and lumbar spine and was not certified in the pre-authorization process on September 10, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Cervical Spine (RFA dated 09/03/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper

BackACOEM - <https://www.acoem pracguides.org/Cervical and THoracic Spine: Table 2>  
Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

**Decision rationale:** It is unclear why there is a request for a repeat magnetic resonance image (MRI) of the cervical spine. An initial MRI the cervical spine was performed on November 19, 2010 which indicated minor multilevel annular bulging. The most recent progress note dated August 27, 2013, indicates that the injured employee does not even have any complaints of cervical spine pain nor any complaints of upper extremity radicular symptoms. No physical examination was performed of the cervical spine or upper extremities. Considering this, a request for a repeat MRI the cervical spine is not medically necessary.

**MRI of Lumbar Spine (RFA dated 09/03/03):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM - <https://www.acoem practice guides.org/Low Back: Table 2 Summary of Recommendations, Low BackOfficial Disability Guidelines; Work Loss Data Institute, LLC;Corpus Christi, TX www.odg-twc.com; Section: Low Back>.

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

**Decision rationale:** According to the medical record it is unclear why there is a repeat request for a magnetic resonance image (MRI) of the cervical spine. The injured employee has had two prior MRIs of the lumbar spine the most recent of which performed in May 2012 only has findings of lumbar spondylosis. The most recent progress note dated August 27, 2013, states there is a normal lower extremity neurological examination. Without any worsening signs or symptoms this request for a repeat MRI of the lumbar spine is not medically necessary.