

<b>Case Number:</b>	CM13-0041392		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 54-year-old female with an 8/31/07 date of injury. The patient sustained injury from cumulative trauma from her job duties. On 10/7/13, the patient had worsening back pain to the point that she has difficulty ambulating. She was seen several times in the ER for back pain. Her neck pain has also flared up. Objective findings included antalgic gait, tenderness over the lumbar and cervical spine. She had decreased sensation to the lower extremities bilaterally. There was normal sensation to bilateral upper extremities. A Lumbar MRI on 5/17/13 showed grade I spondylolisthesis of L5-S1 with facet arthropathy, right L5-S1 worse than the left. There were minimal changes at L4-L5 as well. Diagnostic Impression was Lumbar strain and Facet arthropathy. Treatment to date included medication management, physical therapy, hydrotherapy and gym membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter: MRI

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, there is no clear description of neurological compromise or acute injury noted to this patient. She has a 2007 date of injury with chronic pain. It is unclear what conservative management has been directed toward the cervical spine. Guidelines do not support MRI studies in the absence of red-flag conditions. The patient is only noted to begin to have cervical spine pain because she has been focusing on her lower back due to increased pain. Therefore, this request for the cervical MRI was not medically necessary.

**NEW MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: MRI

**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. However, this patient had a recent MRI in May of 2013, just 5 months prior to this request. It is unclear what has changed significantly to warrant a repeat MRI at this point. There is no description of recent conservative management directed toward the lumbar spine. Guidelines do not support repeat imaging unless there is a clear sign of a red flag such as neurological compromise. Therefore, this request for a new Lumbar MRI was not medically necessary.