

<b>Case Number:</b>	CM13-0046957		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Occupational Medicine and is licensed to practice in Arizona. 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 48year old woman who sustained a work related injury on 7/15/12 resulting in chronic neck, shoulder and low back pain. The treating physician has requested an MRI of the cervical and lumbar spine which has been denied by utilization review on 10/5/13 as not medically necessary. Multiple encounters between the injured worker and the primary treating physician are reviewed including dates 9/12/13, 9/26/13 and 9/13/13. The injured worker complains of pain 6/10 in the cervical and lumbar spine with pain in the arms and legs described as "burning". The physical exam shows decreased range of motion of the cervical and lumbar spine with paravertebral muscle spasm. The diagnosis includes cervical sprain/strain, lumbar sprain/strain, cervical radiculopathy, shoulder sprain strain and lumbar pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE CERVICAL AND LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165-194,287-315.

**Decision rationale:** The injured worker suffers from chronic cervical and lumbar spine rated at a 6/10 with burning quality and radiation to bilateral upper and lower extremities. The physical exam notes decreased range of motion of the spine and paravertebral muscle spasms. There is no documentation of definitive neurological deficit. According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), 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. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imagin studies. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and she is not participating in a strengthening program. An MRI of the cervical or lumbar spine is not medically necessary.