

<b>Case Number:</b>	CM13-0047683		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/06/2000
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Interventional Spine 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:

The patient is a 52 year old female with date of injury 05/06/00. The patient has diagnoses of spondylosis, cervical and lumbar spine without myelopathy, spinal stenosis of the lumbar region, radiculitis, and neuralgia/neuritis. The progress report by [REDACTED] dated 08/28/13 states that the patient complains of neck pain radiating to the shoulder blades, back of arms, forearms and hands. She rates her pain a 10/10 in a typical day. The pain is aggravated by looking up. There is numbness and tingling sensation in the hands. The objective finding show trigger point tenderness in the posterior shoulder girdles. The Spurling test is negative. There is no tenderness in the sacroiliac joint. The provider is requesting MRI of the lumbar and cervical spine.

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI Imaging, Neck Pain.

**Decision rationale:** The provider is requesting an MRI of the lumbar and cervical spine. According to the progress report dated 08/28/13 by [REDACTED], the patient has had prior MRI of the cervical spine in 2011. The results showed multiple abnormal levels with most significant finding at the C5-6 with a left paracentral posterior disc protrusion. For the C-spine MRI, ACOEM guidelines pages 177 & 178 states "emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; clarification of the anatomy prior to an invasive procedure." While the patient continues to have significant pain with radiation of symptoms into both arms and legs, the patient already had MRI's from a couple of years ago. The progress notes do not show progressive neurologic progression but only worsening of subjective symptoms. The examination does not show neurologic compromise. There is no surgical planning either. Finally, there is no documentation of a new injury or dramatic change in the patient's clinical picture. The recommendation is for denial.

**MRI of the 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.

**Decision rationale:** The provider is requesting an MRI of the lumbar and cervical spine. The MRI of the lumbar spine showed severe degenerative disc disease from L2-L5 superimposed on mild developmental spinal stenosis resulting in moderate to severe central stenosis at L2-3 and L3-4 and severe central stenosis at L4-5, foraminal narrowing. For L-spine, ACOEM guidelines recommend "unequivocal objective findings that identify specific nerve compromise on the neurologic examination." In this patient, while the patient continues to have significant pain with radiation of symptoms into both arms and legs, the patient already had MRI's from couple of years ago. The progress notes do not show progressive neurologic progression but only worsening of subjective symptoms. The examination does not show neurologic compromise. There is no surgical planning either. Finally, there is no documentation of a new injury or dramatic change in the patient's clinical picture. The recommendation is for denial.