

<b>Case Number:</b>	CM13-0052193		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/19/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 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 65-year-old male was injured on 1/19/13 with chronic neck and low back pain and diagnoses of cervical and lumbar DDD/DJD. On 10/10/13 clinic visit the patient was noted to have 1/10 pain in the low back with no other symptoms mentioned. Exam mentioned normal gait. No lumbar spine examination details provided. Lumbar XR's on 1/19/13 demonstrated DDD and DJD. An EMG/NCV on 8/15/13 suggested peripheral neuropathy but not radiculopathy. An MRI performed sometime around mid-2013 apparently did not demonstrate disc herniation or nerve compromise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**An MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, MRI's.

**Decision rationale:** The claimant is a 65-year-old male injured on 1/19/13 with chronic neck and low back pain and diagnoses of cervical and lumbar DDD/DJD. On 10/10/13 clinic visit the patient was noted to have 1/10 pain in the low back with no other symptoms mentioned. Exam

noted normal gait. No lumbar spine examination details provided. Lumbar XR's on 1/19/13 demonstrated DDD and DJD. EMG/NCV on 8/15/13 suggested peripheral neuropathy but not radiculopathy. An MRI performed sometime around mid-2013 apparently did not demonstrate disc herniation or nerve compromise. This is a request for lumbar MRI in order to have an updated study. According to ACOEM guidelines lumbar MRI is recommended when surgery is being considered or to evaluate suspected red flag conditions. According to ODG guidelines, lumbar MRI is recommended to evaluate persistent radiculopathy or progressive neurologic deficit. Repeat MRI is reserved for a significant change in symptoms or findings. In this case, the patient appears to have already had a lumbar MRI in 2013 though the report is not provided. EMG/NCS on 8/15/13 did not demonstrate nerve root compromise. There is no subsequent documented significant change in symptoms or findings. At the time of the MRI request, the patient had 1/10 pain and no symptoms or findings of radiculopathy or other red flag condition. Surgery was not being contemplated. The patient appears to have returned to regular duty about one month after the request. The request is not medically necessary.

**A Functional Capacity Evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126. Decision based on Non-MTUS Citation ODG, Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The claimant is a 65-year-old male injured on 1/19/13 with chronic neck and low back pain and diagnoses of cervical and lumbar DDD/DJD. On 10/10/13 clinic visit the patient was noted to have 1/10 pain in the low back with no other symptoms mentioned. Exam noted normal gait. No lumbar spine examination details provided. The Lumbar XR's on 1/19/13 demonstrated DDD and DJD. An EMG/NCV on 8/15/13 suggested peripheral neuropathy but not radiculopathy. An MRI performed sometime around mid-2013 apparently did not demonstrate disc herniation or nerve compromise. This is a request for Functional Capacity Evaluation (FCE). According to MTUS and ODG guidelines, FCE may be recommended prior to a Work Hardening Program. According to ODG guidelines, an FCE is time-consuming and cannot be recommended as a routine evaluation. In this case a Work Hardening Program is not being considered nor is evidently necessary. The patient appears to have returned to regular work duties both before and after the request for an FCE. The patient does not have documented physical limitations or impairments that suggest a detailed exploration of abilities is necessary. The request is not medically necessary.