

<b>Case Number:</b>	CM13-0052401		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Pain Management 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 male with a date of injury of 1/30/13. A utilization review determination dated 10/30/13 recommends non-certification of MRIs of lumbar and cervical spine. A progress report dated 10/7/13 identifies subjective complaints including "numbness right and left hand, right shoulder, neck and low back." The objective examination findings identify "tender left wrist surgical scar right wrist and tender cervical lumbar and right shoulder. The diagnoses include bilateral carpal tunnel, tendinitis right shoulder and lumbar strain. The treatment plan recommends MRI x-ray cervical spine, lumbar spine, right shoulder, US, MS right shoulder 2 x 6 weeks and EMG/NCV BUE.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Regarding the request for MRI of the lumbar spine, California MTUS cites that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to

treatment and who would consider surgery an option. They also note that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false- positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Within the documentation available for review, there is no documentation of any neurologic symptoms or findings suggestive of lumbar radiculopathy or another condition for which an MRI would be supported. In the absence of such documentation, the currently requested MRI of the lumbar spine is not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

**Decision rationale:** Regarding the request for MRI of the cervical spine, California MTUS cites that criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no documentation of any neurologic symptoms or findings suggestive of cervical radiculopathy or another condition for which an MRI would be supported. In the absence of such documentation, the currently requested MRI of the cervical spine is not medically necessary.