

<b>Case Number:</b>	CM13-0053142		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/06/2001
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine & 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 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 patient is a 68 year old with an injury date on 3/6/01. Examination on 2/15/13 showed severe restriction of cervical range of motion with a jog of lateral flexion in either direction, pain in lower neck region, moderate muscle spasm in legator scapulae, rhomboid, and lower trapezius musculatures. There was very slow progress with ambulation. The patient could barely lift both arms to 85 degrees of forward flexion and barely lift both legs with significant weakness of vast us medial is oblique musculature bilaterally. From 2/15/13 to 10/7/13, maximal grip strength decreased from 19kg to 14kg. The patient stated an MRI of neck and back was done around 2001 but MRI report was unavailable per 10/7/13 report. Dr. Janda is requesting an MRI of the patient's lumbar spine.

### 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:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Protocols.

**Decision rationale:** On 7/26/13, the patient was experiencing loss of function, worsened mobility. The 10/7/13 report shows the patient had more symptoms and more radicular pain, though he is undergoing home exercise program involving Mckenzie extensions. Review of the reports does not show any evidence of MRIs being done since 2001. ACOEM guidelines states 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. ODG-TWC guidelines state that MRIs are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. The patient has experienced increasing and persistent radicular symptoms despite extended period of conservative treatment. An MRI at this juncture is consistent with ACOEM and ODG guidelines.