

<b>Case Number:</b>	CM13-0054375		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/27/2013
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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:

This is a 33 year-old female who was injured on 5/27/13. According to the 5/27/13 report from [REDACTED], she was working at [REDACTED] and lifted a box of tiles, about 80 lbs, up to mid chest level to place it on a shelf and had sudden onset of left-side neck pain and spasm. She continued to work but then the pain worsened and the left arm was painful as well. She was taken off work for 2 days and developed thoracic and low back pain during those days. On 6/3/13, [REDACTED] reports the patient is in moderately-severe to severe distress, cervical, left shoulder and lower back ranges of motion were all limited due to pain, no sensory deficit or nerve tension signs in the lower extremities. The first mention of radicular symptoms is apparently on the 6/20/13 report from [REDACTED] who was attempting to have this evaluated with EMG/NCV and MRIs. According to the 9/19/13 report the diagnosis is internal derangement of the left shoulder; r/o disc herniation lumbar, r/o radiculopathy LUE; lumbar radiculopathy left lower extremity; musculoligamentous injury to the lumbar and cervical regions. [REDACTED] sent the patient out for urine drug testing on 6/20/13, 8/15/13 and 10/31/13 with genetic testing on 8/15/13. 11/8/13 MRI of the left shoulder was normal. 11/7/13 EMG/NCV of the lower extremities was negative for radiculopathy and read as normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

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

**Decision rationale:** The patient presents with neck, left shoulder and back pain. The records show that [REDACTED] suspects cervical and lumbar radiculopathy, but was not able to provide any clinical exam findings to support this, and as a result, UR had denied MR studies, leading to this IMR. The 8/15/13 report from [REDACTED] states the patient has decreased motor and sensory in the left lower extremity. There was no specific nerve root distribution identified. On 9/19/13, [REDACTED] says the exam remains the same. MTUS/ACOEM states: "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." Specific nerve compromise was not identified in the medical records. Electrodiagnostic studies would have been indicated, and they were performed on 11/7/13 and were completely normal. There were no subjective or objective evidence of lumbar radiculopathy from the date of the injury, to the 6/13/13 evaluation by [REDACTED]. The first mention of subjective radiating symptoms was on 6/20/13 initial evaluation from [REDACTED], but the exam findings did not identify a specific nerve root or dermatomal distribution pattern. The patient does not meet the MTUS/ACOEM criteria for a lumbar MRI.

**Cervical Spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 8 Page(s): 177-178.

**Decision rationale:** The patient has neck, left shoulder and low back pain. the records do not show any evidence of cervical radicular pain or neurologic dysfunction, there is no emergence of red-flag conditions, no invasive procedures suggested for the neck. MTUS/ACOEM states: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." The cervical MRI is not in accordance with MTUS/ACOEM guidelines.