

<b>Case Number:</b>	CM13-0058854		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 and Rehabilitation 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 injured worker is a 66-year-old male with a date of injury of 06/12/2011. Mode of injury was not noted in the documentation provided. The patient has a diagnosis of cervical disc protrusion, C5-6, and C6-7 levels, left shoulder impingement, stabilizing, right lumbar radiculopathy. On the 08/30/2013 office visit, there was a request for MRI of the lumbar spine to rule out discal/intradiscal components/mass effect. The patient was seen on 08/30/2013 for a follow-up consultation with complaints of cervical pain 7/10 with left upper extremity symptoms, thoracic pain 5/10, low back pain with increasing right lower extremity symptoms, pain level 7/10, and left shoulder pain, pain level 7/10. The injured worker noted that current medications were resulting in greater function of activities of daily living such as bathing, grooming, grocery shopping, basic household duties. Objective findings on examination per the physician noted tenderness over the cervical, thoracic, and lumbar spine. Lumbar range of motion flexion 60 degrees, extension 50 degrees, left and right lateral tilt 50 degrees, left and right rotation 40 degrees. The physician stated diminished sensations right L4 and S1 dermatomal distribution, positive straight leg raise right for pain to foot at 35 degrees; spasms of the lumbar paraspinal musculature and cervical trapezius left cervical paraspinal musculature and cervical trapezius/cervical paraspinal muscular decreased. On 10/31/2013, the injured worker was seen for a follow-up consultation with ongoing neck pain and shoulder pain that really has not changed much. The injured worker did note that she has been undergoing therapy for this and indicates that symptoms are leveling off. On examination, the physician noted thoracolumbar spine examination revealed diffuse tenderness to the right of midline, positive straight leg raising on the right at 70 degrees. The physician noted range of motion to extremities was pain free in all directions. Per neurological examination of the lower extremities, proximal and distal motor strength is grossly normal, sensation is intact to light touch and

pinprick throughout, and deep tendon reflexes are symmetrical. The physician's recommendation is still requesting authorization for MRI scan of the lumbar prior to releasing injured worker permanent and stationary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LUMBAR 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:** CA MTUS/ACOEM state criteria for an MRI is unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment who would consider surgery an option. Also, if the neurologic examination is less clear, however further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. If physiological evidence indicates tissue issuance or nerve impairment, practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (MRI for neuro or other soft tissue, CT for bony structures). On the 10/31/2013 follow-up office visit, on examination, the physician noted injured worker has positive straight leg raising on the right at 70 degrees. On neurological examination of the lower extremity, proximal and distal motor strength is grossly normal, sensation is intact to light touch and pinprick throughout, and deep tendon reflexes are symmetrical. The physician states the patient's diagnosis is cervical disc protrusion, C5-6 and C6-7 levels, left shoulder impingement, and stabilizing, and right lumbar radiculopathy. The documentation provided does not meet California/ACOEM Guidelines for an MRI as there was no nerve compromise on neurological examination, no nerve dysfunction, and no type of nerve impairment noted. Therefore, the request is non-certified.