

<b>Case Number:</b>	CM13-0059049		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/25/1998
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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:

The patient is an employee of [REDACTED] and has submitted a claim for cervicgia associated with an industrial injury date of March 25, 1998. Utilization review from November 20, 2013 denied the request for MRI of the lumbar spine due to no documentation of presence of red flag signs or severe or progressive neurological deficits. Treatment to date has included oral pain medications, acupuncture, epidural steroid injections, and cervical fusion. Medical records from 2013 were reviewed showing the patient complaining of chronic neck pain status post anterior cervical fusion. The patient complains of right iliac crest pain where the bone graft was harvested for the cervical fusion; the pain radiates down the right leg. The patient was told that the lateral femoral cutaneous nerve was cut during surgery. The pain is exacerbated by activity such as walking. Pain scores are noted to be 7/10 without medications and 3/10 with medications. Medications keep the patient functional, allowing for increased mobility, and tolerance for activities of daily living and home exercises. On examination, the cervical spine had tenderness over the cervical paraspinal muscles as well as decreased range of motion. The lumbosacral spine was noted to have decreased range of motion with dextroscoliosis. Toe walking and heel walking were noted to be abnormal. Strength was decreased for the left lower and left upper extremities. Reflexes were also reduced. Sensory exam revealed decreased sensation over the right upper extremity, left upper extremity, and left lower extremity. A lumbar MRI is being requested for progressive neurological deficits.

### 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 WITHOUT CONTRAST:** Upheld

**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): 303-304.

**Decision rationale:** As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, there was noted left upper extremity and left lower extremity altered sensation. However, there is no specific distribution indicated in the most recent progress note to localize the lesion to a certain level. Therefore, the request for lumbar MRI without contrast is not medically necessary.