

<b>Case Number:</b>	CM13-0067482		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/12/2005
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 48 year old male that reported an injury on 4/12/05. The mechanism of injury was that the patient was hit in the head with a trash container that weighed between 75-100 pounds. The history of surgery is status post left shoulder arthroscopy, subacromial decompression, partial acromioplasty, and repair slap lesion. The patient is status post a second left shoulder arthroscopy. The clinical note dated 11/20/13 stated that the patient complained of chronic neck pain and low back pain that radiates into his upper extremities, right more than left and radiating pain to his left leg. On examination, it was noted that the patient has diffuse tenderness to palpation to the cervical or lumbar paraspinals. Cervical range of motion is 70 % of normal, and lumbar range of motion is 80% of normal. Straight leg raising is positive on the left. The clinical noted dated 10/31/13 reviewed the MRI of the cervical spine from 1/26/12 with impression showed moderate left neural foraminal stenosis at C6-7 due to uncinated spurring, and mild central canal stenosis at C6-7 was seen due to posterior discal spurring. There was also small right posterior paracentral disc protrusion at C5-6 with no significant central canal or neural foraminal compromise. A review of the MRI of the lumbar spine from 1/27/12 with impression showed an annular tear of the L1-2 disc with right paracentral posterior disc bulge which causes mild spinal stenosis and mild bilateral neural foraminal stenosis. There is a disc bulge seen at L4-5 which causes mild spinal stenosis and moderate to severe left neural foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation provided stated that there were no new injuries. The request exceeds guideline recommendations. Therefore the request is non-certified.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation provided stated that there were no new injuries. The request exceeds guideline recommendations. Therefore the request is non-certified.