

<b>Case Number:</b>	CM14-0107228		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 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 injured worker with chronic neck and back complaints. Date of injury was 11-10-2012. Mechanism of injury was cumulative trauma. The orthopedic spinal consultation report dated June 18, 2014 documented subjective complaints of intermittent neck pain and low back pain. Physical examination revealed a well-developed, well-nourished female in no acute distress. Cervical spine examination demonstrated no obvious deformities, normal cervical lordosis, no scars, no skin changes, no ecchymoses, no shoulder asymmetry. There was no pain on palpation of the cervical paraspinal and trapezial musculature. No step-off was noted. Range of motion of cervical spine was normal. Negative Spurling's sign and negative Tinel's at the wrist and the elbows were observed. Motor exam of the upper extremities revealed strength of 5/5 and symmetric in the deltoids, biceps, triceps, interossei, wrist flexors, wrist extensors, finger flexors, and finger extensors. Reflexes were 2+ and symmetric. Negative Babinski, negative clonus, negative Hoffman's sign, normal sensation to light touch were noted. There was no hyperesthesia or hypoesthesia. No atrophy of the thenar, hypothenar, or interossei aspects was appreciated. Jamar Test measurements were right 18/10/10 and left 14/14/16. Lumbar spine examination demonstrated normal lordosis and no scars. Patient could ambulate without an antalgic gait. Patient could heel and toe walk without difficulty. No skin changes, no ecchymoses were noted. No pelvic tilt was noted. Mild tenderness on palpation throughout the lumbosacral region was observed. No significant paraspinal muscle spasm noted. No step-off noted. Range of motion of lumbar spine was normal. Negative straight leg raise bilaterally and negative FABER sign were observed. Motor examination revealed 5/5 hip flexion, hip abduction, hip adduction, knee extension, hamstrings, EHL extensor hallucis longus, tibialis anterior, and gastrosoleus. There was normal sensation to light touch throughout bilateral lower extremities. Reflexes were 2+ and symmetric in the quads and the Achilles. The physician noted that on examination, he was

unable to localize exactly where the lesion may be. There were no signs or symptoms of spinal cord compression or cauda equina syndrome. Diagnoses were chronic persistent axial neck pain and bilateral radiating arm symptoms, shoulders, elbows, bilateral hands, industrially-aggravated, secondary to a cumulative trauma dated November 10, 2012; chronic lower back pain without any significant lower extremity symptoms; pain in neck, bilateral arms, and lower back. Utilization review determination date was 07-01-2014.

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

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

#### **MRI neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) (<http://www.odg-twc.com/neck.htm>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The orthopedic spinal consultation report dated 6/18/14 documented a normal cervical spine examination. The cervical spine demonstrated normal range of motion and normal neurologic examination, with no tenderness. The physician noted that on examination, he was unable to localize exactly where the lesion may be. There were no signs or symptoms of spinal cord compression. X-ray of cervical spine performed 12/10/12 was reported as negative. There were no objective red flag findings. There was no physical examination evidence of neurologic dysfunction. The medical records do not provide objective evidence to support the the medical necessity of a cervical spine MRI. Therefore, the request for MRI neck is not medically necessary.

#### **X-rays of back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) ([http://www.odg-twc.com/odgtwc/Low\\_Back.htm](http://www.odg-twc.com/odgtwc/Low_Back.htm)).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) states that radiographs of the lumbosacral spine are recommended when red flags for fracture, cancer, or infection are present. Imaging tests in the absence of red flags are not recommended. The orthopedic spinal consultation report dated 6/18/14 documented normal lumbar spine range of motion and normal neurologic examination, with mild lumbosacral tenderness. The physician noted that on examination, he was unable to localize exactly where the lesion may be. There were no signs or symptoms of spinal cord compression or cauda equina syndrome. X-ray of lumbar spine performed 12/19/06 was reported as normal. Qualified medical evaluation QME report dated 2/25/14 documented normal back range of motion with no back tenderness. There were no significant objective red flag findings. There was no physical examination evidence of neurologic dysfunction. The medical records do not provide objective evidence to support the the medical necessity of a lumbar spine x-rays. Therefore, the request for X-rays of back is not medically necessary.

**X-rays of neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) (<http://www.odg-twc.com/neck.htm>).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cervical spine x-ray radiography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. Imaging is not recommended in the absence of red flags. The orthopedic spinal consultation report dated 6/18/14 documented a normal cervical spine examination. The cervical spine demonstrated normal range of motion and normal neurologic examination, with no tenderness. The physician noted that on examination, he was unable to localize exactly where the lesion may be. There were no signs or symptoms of spinal cord compression. X-ray of cervical spine performed 12/10/12 was reported as negative. There

were no objective red flag findings. There was no physical examination evidence of neurologic dysfunction. The medical records do not provide objective evidence to support the the medical necessity of a cervical spine x-rays. Therefore, the request for X-rays of neck is not medically necessary.