

<b>Case Number:</b>	CM14-0011056		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/06/2001
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty certificate in Pain Management, 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:

This is a male patient with the date of injury of March 6, 2001. A utilization review determination dated January 15, 2014 recommends non-certification of a lumbar spine MRI. Non-certification is recommended due to lack of documentation that shows evidence of the patient's recent treatment. A progress note dated October 7, 2014 identifies subjective complaints of continued neck pain with right cervical radiculopathy, lower back pain with right S1 radiculopathy, upper extremity pain and aches with paraesthesia of hands. Physical examination identifies no change in range of motion of the patient's neck, back, knees, or shoulders since the patient's prior visit. Lower back flexion is a 45° with increased stiffness, clinical evidence of bilateral tardy ulnar nerve palsy and carpal tunnel syndrome with right cervical radiculopathy and bilateral S1 radiculopathy. There is no change in straight leg raise test, continued significant muscle spasm of the lower back, right hand grip strength at 14kg, and left hand grip strength at 16kg. The patient is taking Tylenol #3, the zolpidem 10 mg at bedtime, naproxen, Soma, tramadol, and omeprazole. Diagnoses include chronic lumbar strain, lumbar degenerative disc disease, lumbar facet arthropathy, moderate dorsal strain, chronic cervical strain, cervical spondylosis, right shoulder impingement with degenerative changes at the AC joint and at the GH joint, bilateral S1 radiculopathy, bilateral carpal tunnel syndrome, and tardy ulnar nerve palsy. The treatment plan recommends MRI scans of the neck and back, EMG/nerve conduction studies of the upper extremities and lower extremities, recommendation for continuation of a home program of exercises with McKenzie extension exercises for the lower back, and continuation of medications. An appeal letter dated November 6, 2013 recommends authorization of an MRI of the lumbar spine and EMG and nerve conduction study of the upper extremities. The physician reports that the patient has bilateral S1 radiculopathy and that the

patients condition has worsened; there is also mention that more pathology in the lower back is likely present due to the patients worsened symptomology. A progress note dated November 6, 2013 identifies subjective complaints of increased pain of the neck and back due to colder weather, as well as sciatica radiation of pain in the S1 distribution. There is also a report of stiffness of the shoulders with difficulty with movement of the arms and right cervical radiculopathy the treatment plan recommends MRI of the lumbar spine and an EMG/, nerve conduction study of the upper extremities, and recommendation of exercises for the shoulders.

### **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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, SECOND EDITION (2004), CHAPTER 12, 303, ONLINE EDITION

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

**Decision rationale:** Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. The examination reports "bilateral S1 radiculopathy" as an objective finding, this statement is vague and is not corroborated with any concrete examination findings such as decreased sensation, myotomal weakness, or reflex changes. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.