

<b>Case Number:</b>	CM14-0011914		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 59-year-old male who reported an injury on 05/30/2013 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to multiple body parts to include the cervical and lumbar spine. The injured worker's treatment history included physical therapy and medications. The injured worker underwent an MRI of the lumbar spine on 06/28/2013. It was documented that the injured worker had central canal stenosis at the L5-S1 with a disc bulge, bilateral neural foraminal stenosis and mild central canal stenosis at the L3-4 with a disc bulge, minimal central canal stenosis and minimal bilateral foraminal canal stenosis at the L4-5 with a disc bulge and degenerative changes seen throughout the lumbar spine. The injured worker was evaluated on 12/13/2013. It was documented that the injured worker had tenderness to palpation of the cervical spine with painful and restrictive range of motion with decreased sensation in the C5-7 dermatomal distribution. It was documented that the injured worker had tenderness to palpation of the mid and distal lumbar segments with painful range of motion and a positive seated nerve root test with decreased sensation in the L5-S1 dermatomal distribution. The injured worker's treatment plan at that appointment included electrodiagnostic studies and continued medication management. A request was made for a cervical MRI and a lumbar MRI. No justification for the request was provided. No request for authorization form was provided to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Plain MRI of the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

**Decision rationale:** The clinical documentation submitted for review indicates that the patient underwent an MRI of the lumbar spine on 06/28/2013. The California Medical Treatment Utilization Schedule does not specifically identify criteria for repeat imaging. The Official Disability Guidelines recommend repeat imaging when there is a significant change in the injured worker's clinical presentation or has severe progressive neurological deficits. The clinical documentation submitted for review does not support that the patient has had a significant change in clinical presentation since the previous MRI. Additionally, there is no documentation that there is suspicion of a change in pathology. The American College of Occupational and Environmental Medicine recommend MRIs for the cervical spine when there is clinically evident radiculopathy that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the patient had clinically evident radiculopathy related to his cervical spine injury. However, there is no documentation of the patient undergoing an MRI previously. Therefore, an initial cervical MRI would be indicated in this clinical situation. However, the request as it is submitted contains an element that is not supported by guideline recommendations. Therefore, the request in its entirety would not be supported. As such, the request is not medically necessary or appropriate.