

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0013868 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 04/12/2010 |
| <b>Decision Date:</b> | 07/23/2014   | <b>UR Denial Date:</b>       | 01/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/03/2014 |

### 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 Emergency 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:

Patient with reported date of injury on 4/12/2010. Mechanism of injury was described as a "fall". No other details were provided. Pt has diagnoses of cervicalgia, lumbago, lumbar sprain and cervical disc degeneration. Multiple medical records from primary treating physician and consultants reviewed. Last report available until 12/11/13. Pt complains of neck pain radiating to bilateral upper extremities. Pain is 7/10. Pt also complains of low back pain radiating down both legs right worst than left. Pain is 7/10. Objective exam reveals tenderness to paracervical muscles and base of neck and skull. Bilateral trapezius and interscapular tenderness. Range of motion (ROM) is generally decreased. Motor exam is normal. Cervical compression improves pain. Low back exam shows normal gait, diffuse paraspinal tenderness. Normal sensation. Basically intact ROM. Normal motor and neuro exam. Negative straight leg raise. X-rays and MRI was requested due to "worsening" pain. Last MRI of cervical spine (6/27/12) shows broad based osteophyte complex with mild spinal stenosis and bilateral foraminal narrowing. Medication list include roboxin, ibuprofen and prilosec. Utilization review is for updated cervical Xray and MRI of lumbar spine. Last UR on 1/29/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL SPINE X-RAYS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Pt has reported "increasing" pain but that is not defined or properly documented. The neurological exam is benign. Cervical Spine Xray is not medically necessary.

**LUMBAR MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per ACOEM guidelines, imaging for back related complaints should be limited to red flag findings or potential surgical assessment due to high false positive findings. There is no documented red flag findings such as weakness, neurological deficits or rectal or urinary incontinence. There is no documentation of surgical or invasive procedure consideration. Pt does not meet criteria for MRI of lumbar spine. MRI of lumbar spine is not medically necessary.