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| <b>Case Number:</b>   | CM14-0129575 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 10/08/2010 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 07/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/14/2014 |

### 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 Pain Medicine and Rehabilitation and is licensed to practice in Nevada. 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 53-year-old female who was reportedly injured on October 8, 2010. The mechanism of injury is noted as being pulled to the ground by a student. The most recent progress note, dated June 27, 2014, indicates that there are ongoing complaints of neck pain and low back pain. Current medications include Percocet, Ambien, Naprosyn, soma, gabapentin and topical creams. The physical examination revealed no tenderness of the cervical spine in full range of motion. There was tenderness of the lumbosacral junction with full lumbar spine range of motion. There was decreased muscle strength with right knee extensors and lower leg muscles at 4/5 and decreased sensation at the lateral aspect of the right lower leg. Diagnostic imaging studies of the cervical spine show a disc extrusion at C5 - C6. A magnetic resonance image of the lumbar spine showed a disc protrusion at L4 - L5. A request was made for a rheumatology consult and a magnetic resonance image of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rheumatology Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127; and on the Official Disability Guidelines, Pain (updated 6/10/14) Office visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** It is unclear why there is a request for a rheumatology consultation. The most recent progress note dated June 27, 2014 contains no signs or symptoms of any rheumatologic syndrome. Without any further clarification or justification, this request for a rheumatology consultation is not medically necessary.

**3T MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back, Magnetic Resonance Imaging (MRI), Indications for Imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Cervical and Thoracic Spine Disorders, Diagnostic Investigations, MRI (electronically cited).

**Decision rationale:** Regarding the request for an magnetic resonance image (MRI) of the cervical spine, the injured employee was stated to have no tenderness to the cervical spine and no abnormal neurological findings of the upper extremities. Considering this, the request for an MRI the cervical spine is not medically necessary.