

<b>Case Number:</b>	CM14-0133105		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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, has a subspecialty in Interventional Spine 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 a 64 year old female with an injury date of 04/28/12. The 06/30/14 report by ■■■■■ states that the patient presents with frequent neck pain described as dull achy and often sharp rated 6-8/10. She also presents with intermittent to frequent dull achy bilateral shoulder pain rated 6/10 on the right and 7/10 on the left; burning bilateral wrist pain rated 6-7/10 on the left and 5-6/10 on the right; frequent to constant sharp stabbing lower back pain rated 7-8/10 radiating to the mid back as well as numbness and tingling of the bilateral lower extremities. The patient further presents with frequent to constant dull achy bilateral knee pain and often shooting and sharp pain in the right knee rated 7/10. The patient is noted to be on total temporary disability since April 2012. Examination of the lumbar spine reveals tenderness to palpation at the bilateral PSISs with right sides paraspinal muscle guarding with palpable tenderness noted over the spinous processes L3-L5. Lumbosacral orthopedic tests show positive for Straight Leg Raise and Braggard's. Sensory response of the bilateral lower extremities notes slightly decreased sensation to pin-prick and light touch at the S1 dermatome bilaterally and the motor strength of the L2-L5 and S1 myotomes are decreased at the bilateral lower extremities secondary to pain. The 07/23/14 MRI of the lumbar spine provided presents the following impression: 1. L3-4 broad based disc protrusion and facet hypertrophy produces bilateral neuroforaminal narrowing. Disc measurement: NEUTRAL: 2.7mm, FLEXION: 2.7 mm EXTENSION: 3 mm2. L4-5 grade 1 degenerative spondylolisthesis of L4. It measure 4 mm in neutral, 4 mm in flexion and 4 mm in extension. Combined with a disc protrusion and face hypertrophy there is a spinal canal narrowing and bilateral neuroforaminal narrowing.3. L5-S1 broad based disc protrusion that abuts the thecal sac and produces spinal canal narrowing and bilateral neuroforaminal narrowing. Posteriod annular tear/fissure. Disc measurements:

NEUTRAL: 4 mm; FLEXION: 4 mm; EXTENSION: 4 mm.4. Straightening of the lumbar lordosis which may be due to myospasm.5. Incompletely visualized left renal cyst which could be confirmed with US when clinically appropriate. The patient's diagnoses include: 1. Cervicgia2. Cervical spine multilevel HNP3. Status post right shoulder surgery4. Lumbago5. Lumbar disc displacement HNP6. Lumbar spine radiculopathy7. Bilateral internal knee derangementThe utilization review being challenged is dated 08/12/14. Reports from 03/19/14 to 06/30/14 were provided.

### **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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic MRIs (magnetic resonance imaging)

**Decision rationale:** The patient presents with frequent to constant sharp stabbing lower back pain rated 7-8/10 radiating to the mid back as well as numbness and tingling of the bilateral lower extremities. The physician requests for an MRI of the lumbar spine. Review of the reports show that an MRI of L-spine was obtained on 7/23/14 and this is a Flex-Ext MRI. Following the request for the MRI of the lumbar spine [REDACTED] states in the 06/30/14 report, "With the aforementioned recommended studies I am requesting, the etiology of the patients continued (cervical spine, bilateral shoulders and hand. Lumbar spine and bilateral knees) symptoms will be addressed. "The physician further states the request is to formulate a well informed and definitive treatment plan. It is noted in the report the patient is awaiting a pain management specialist regarding Epidural Steroid injections for the lumbar spine. No prior surgery of the lumbar spine is noted. The 05/09/14 QME report states, "When the claimant most recently saw [REDACTED], she said that he told her that he was not aware of the results of her MRI studies." This report only references X-rays. It does not appear that the patient has had an MRI of L-spine prior to the physician's request 6/30/14. ODG-TWC Low Back - Lumbar & Thoracic section guidelines has the following: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro-compression, and recurrent disc herniation)" In this case, it would appear that a flexion/extension MRI's of L-spine was obtained following the physician's request. Given that the patient has not had a set of MRI of L-spine to investigate radicular symptoms, an MRI would be reasonable. However, there is no support for the obtained flexion/extension view of MRI's. The request is for a set of conventional MRI's and is considered medically necessary.