

<b>Case Number:</b>	CM14-0020642		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Pain Medicine and is licensed to practice in Minnesota. 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 67-year-old male who reported an injury on 07/10/2009. The mechanism of injury was reported as a slip and fall. The injured worker complained of weakness involving both upper extremities and some balance issues. He reported pain in the neck which radiated down both arms with numbness and tingling in the hands. He rated his pain 8/10 in severity, which was sharp, achy, burning, throbbing, cramping, shooting, incapacitating, prickling, and stabbing at times. The injured worker reported the pain worsens towards the end of the day, and aggravated by activity. Upon the physical exam, the provider noted the injured worker to be able to do a toe walk, heel walk, and squat with some difficulty. The provider noted decreased sensation of the lower extremity in the left S1, L5, and L4 deep tendon reflexes with 3+ in the right patella compared to 2+ on the Achilles. The provider noted limited range of motion and decreased pain with range of motion. The provider requested for a lumbar MRI and a thoracic MRI to rule out what is causing the pain, weakness, and balance issues. The request for authorization was submitted and dated on 01/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITH AND WITHOUT GADOLINIUM OF THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**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, MRI.

**Decision rationale:** The request for an MRI with and without gadolinium of thoracic spine is non-certified. The injured worker complained of pain in the neck radiating down both arms with tingling. Pain was rated 8/10, which is described as sharp, aching, throbbing, cramping, shooting, and incapacitating. Official Disability Guidelines state an MRI of the thoracic spine is supported when there has been thoracic spine trauma and the injured worker has neurological deficits. There is a lack of documentation indicating neurological deficits such as weakness, numbness, pain, and paralysis to warrant further evaluation of imaging. There is a lack of documentation regarding the failure of conservative treatment. The medical necessity for imaging was not established.

**MRI WITH AND WITHOUT GADOLINIUM OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI with and without gadolinium of the lumbar spine is non-certified. The injured worker complained of weakness involving the upper extremities and neck pain, which radiated into both arms with numbness and tingling in the hands. He rated the pain 8/10 in severity which is described as sharp, aching, throbbing, cramping, shooting, and incapacitating. The CA MTUS/American College of Occupational and Environmental Medicine recommends imaging studies of the lumbar spine with unequivocal objective findings that identify specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery as an option. There is a lack of documentation indicating the injured worker was recommended to undergo surgery. There is a lack of documentation regarding the failure of conservative treatment. In addition, there are no indications of red flag diagnoses or intent to undergo surgery requiring an MRI. The medical necessity for imaging was not established.