

<b>Case Number:</b>	CM14-0020903		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/21/2014
<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 & Rehabilitation and is licensed to practice in Illinois. 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 50 year old male who reported an injury on 06/29/2010. The mechanism of injury is not clear. The Agreed Medical Examination dated 01/14/2013 reported the injured worker complained of constant pain to his left shoulder, lower back and right lower extremity rated at a 3-4/10 and occasional exacerbation to a 7/10. He reportedly stated he suffered from constant spasm in the left side to the neck, left shoulder, and left deltoid, sometimes radiating down the left arm. The injured worker reportedly stated he received relief with the use of Percocet and Trazadone. The injured worker stated his lower back and lower extremity symptoms are exacerbated with strenuous activity although, he denied motor weakness, gait disturbance, or any long-tract neurological signs. The physical examination reported the injured worker had moderate cervical paraspinal muscle spasm and the neurological examination revealed intact symmetrical deep tendon reflexes at the biceps, triceps and brachioradialis levels of 1+ intensity. The motor examination of the upper extremities revealed good strength in all muscle groups tested. The neurological examination of the lower extremities revealed intact symmetrical deep tendon reflexes at the patellar levels of 2+ intensity and sensory examination revealed numbness over the left posterior thigh extending into the calf. The injured worker has undergone several trigger point injections to the cervical spine. The request for authorization was submitted on 01/12/2014. A clear rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI CERVICAL SPINE QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

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

**Decision rationale:** The request for MRI Cervical Spine QTY: 1.00 is not medically necessary. The injured worker has a history of neck pain radiating to the left arm. The American College of Occupational and Environmental Medicine Guidelines state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The clinical information, provided for review, lacks documentation to support the injured worker has completed conservative care to include physical therapy and medication with observation. In addition there is no documentation supporting the injured worker had a loss of motor strength in the upper extremities which is indicative of radiculopathy. Furthermore, there is a lack of documentation of any significant change since the last MRI to warrant updated studies.

**MAGNETIC RESONANCE IMAGING LUMBAR SPINE QUANTITY: 1.00:** Upheld

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

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

**Decision rationale:** The request for Magnetic Resonance Imaging Lumbar Spine Quantity: 1.00 is not medically necessary. The injured worker has a history of low back pain. The American College of Occupational and Environmental Medicine recommends unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The clinical information included for review does not provide clear documentation of neurological deficits consistent with radiculopathy, to include loss of motor strength, or abnormal reflexes. In addition there is no documentation to support consideration of surgical intervention. Furthermore, there is a lack of documentation of any significant change since the last MRI to warrant updated studies.