

<b>Case Number:</b>	CM14-0022925		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 54-year-old male who reported an injury on 10/22/2013 after lifting a patient at work. On 01/25/2014, the injured worker reported pain in the lumbar spine and neck rated at a 6/10. Associated symptoms included headache, stiff neck, radicular right arm pain and paresthesia of the right upper arm, right forearm, and right hand. A physical examination of the spine revealed pain over the 4th and 5th lumbar spinous process to palpation, 5/5 muscle strength, and limited active range of motion with extension, flexion, and left lateral bending. The examination of the neck revealed pain to palpation over the cervical C7 through T1 spinous interspace, intact sensation, and limited active range of motion with extension, flexion, left and right lateral flexion, and left and right lateral rotation. His diagnoses included low back pain, and cervical radiculopathy. His medications were listed as hydrocodone/acetaminophen 10mg/325mg and aspirin 325mg. Previous therapies included physical therapy, work modifications and pain medications. The treatment plan was for an MRI of the cervical and lumbar spine. The request for authorization form was signed on 01/28/2014, and the rationale for the treatment was neck and low back pain with radicular symptoms.

### 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:** 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): 308-310.

**Decision rationale:** The request for an MRI of the lumbar spine is non-certified. On 01/25/2014, the injured worker reported discomfort in the lower lumbar spine that radiated intermittently to the right buttock. He rated his pain at 6/10. On physical examination, he was noted to have limited active range of motion, intact sensation, and 5/5 muscle strength. The California MTUS/ACOEM Guidelines state that MRI imaging is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative, or prior back to surgery. MRI imaging is not recommended before 1 month in absence of red flags. The requesting physician recommended an MRI of the lumbar spine due to the injured worker's low back pain with radicular symptoms. However, there is a lack of documentation upon physical examination which demonstrates significant neurological deficits such as decreased sensation, motor strength, and a positive straight leg raise. Based on the clinical documentation provided, the injured worker does not have any significant neurological deficits to indicate the need for an MRI of the lumbar spine. The request is not supported by the guideline recommendations. Therefore, the request is non-certified.

**MRI OF THE CERVICAL SPINE:** 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): 181-183.

**Decision rationale:** The request for an MRI of the cervical spine is non-certified. On 01/25/2014, the injured worker complained of neck pain rated a 5/10, neck stiffness, radicular right arm pain and paresthesias of the right upper arm, forearm, and right hand. A physical examination revealed pain to palpation over the cervical C7-T1 spinous interspace, intact sensation, and limited range of motion. The California MTUS/ACOEM Guidelines state that MRIs are recommended for acute neck and upper back conditions when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection. They are also recommended to validate a diagnosis of nerve root compromise/based on clear history and physical exam findings in preparation for invasive procedure. MRIs are not indicated before 4 to 6 weeks in the absence of red flags. The requesting physician recommended an MRI of the cervical spine due to the injured worker's neck pain with radicular symptoms. However, there is a lack of documentation upon physical examination which demonstrates significant neurological deficits such as decreased sensation, motor strength, and a positive spurlings. Based on the clinical information provided, there are no significant neurological findings to indicate the need for an MRI of the cervical spine. The request is not supported by the guideline recommendations. Given the above, the request is non-certified.

