

<b>Case Number:</b>	CM14-0026895		
<b>Date Assigned:</b>	01/06/2014	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	03/04/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a represented former [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, and shoulder pain with derivative psychological stress and fibromyalgia reportedly associated with an industrial injury of May 24, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; MRI imaging of the thoracic spine of September 25, 2012, notable for minimal degenerative changes with no focal disk bulges or disk protrusions; multiple MRI and CT imaging studies of the lumbar spine, notable for a large disk herniation at L5-S1; unspecified amounts of chiropractic manipulative therapy and physical therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 30, 2014, the claims administrator denied a request for lumbar, cervical, and thoracic MRIs, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed, on February 26, 2014. In an October 11, 2013 note, it is stated that the applicant carries diagnoses of chronic myofascial pain syndrome, knee pain, hip pain, low back pain, mid back pain, shoulder pain status post shoulder arthroscopy, knee pain status post knee arthroscopy, fibromyalgia, sexual dysfunction, depression, anxiety, and TMJ. The applicant exhibits multifocal tender points associated with fibromyalgia. Grip strength is well preserved, ranging from 35 pounds, 35 pounds, and 40 pounds about the right versus 55 pounds, 65 pounds, 55 pounds about the left. It is concluded that the applicant's presentation is most consistent with fibromyalgia. In an earlier progress note of October 1, 2013, it is stated that the applicant carries a diagnosis of L5-S1 lumbar radiculopathy with associated disk herniation. On August 20, 2013, the attending provider sought authorization for updated cervical, thoracic, and lumbar MRI imaging studies despite

noting that the applicant retained a normal gait and was possessed of well-preserved, 5/5 upper and lower extremity strength.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**URGENT MRI OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Chapter, MRI

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, unequivocal evidence of nerve root compromise is sufficient evidence to warrant imaging studies in those applicants who do not respond to treatment and who would consider surgery were it offered to them. In this case, however, the applicant already has an established diagnosis of L5-S1 radiculopathy with associated herniated intervertebral disk appreciated on prior lumbar MRI imaging. The applicant does not appear to have any associated motor deficits. He is consistently described as possessed of well-preserved, upper 5/5 lower extremity strength. Thus, there is no evidence of any focal nerve root compromise or progressive weakness which would support the need for repeat urgent lumbar MRI. It does not appear that the applicant would act on the results of MRI proposed. It is not clearly stated that the applicant is actively contemplating a surgical remedy and/or requires MRI for preoperative planning purposes. Therefore, the request remains non-certified.