

<b>Case Number:</b>	CM14-0026968		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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 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 37 year old female, DOI 7/13/11. Susquent to the injury she developed chronic spinal pain. On 3/25/13 a microdiscectomy at L5-S1 was performed with initial improvement in radicular pain, but pain returned within a few months. Electrodiagnostics have shown chronic a R S1 neuropathy and a generalized polyneuropthy (patient has DM, hypothyroidism and autoimmune disorder). Updated MRI studies of the cervical and lumbar spine have been requested. Prior MRI studies of the lumbar spine were on 4/14/13 and showed some residual disc material L5-S1. Cervical MRI was performed on 7/25/13 and revealed multiple disc protrusions C3-6. The primarily Orthopedic surgeon and Consulting Spinal surgeon have documented normal strenght, sensation and reflexes in the lower extremities. Both have documented neurological changes in the right upper extremity with one finding diminished sensation C5-8 and the other finding diminished R grip strength. She has undergone a right sided carpal tunnel release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE IMAGES OF CERVICAL SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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) Neck acute and chronic. Magnetic Resonance Imaging.

**Decision rationale:** The MTUS chronic pain guidelines do not address this issue and the chronicity of the problem extends beyond ACOEM's purview. ODG does address this issue and recommends testing if neurological signs or symptoms persist for weeks to months. With both physicians documenting right upper extremity neurological changes an updated cervical MRI appears medically reasonable. With the carpal tunnel issues and polyneuropathy, reliance on electrodiagnostics only would be medically inappropriate. Therefore, the request is medically necessary.

**MAGNETIC RESONANCE IMAGES OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back acute and chronic, Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back acute and chronic, Magnetic Resonance Imaging.

**Decision rationale:** The MTUS chronic pain guidelines do not address this issue and the chronicity of the problem extends beyond ACOEM's purview. ODG does address this issue and recommends re-testing only if neurological signs or symptoms persist for weeks to months and/or there are redflag conditions. With both physicians documenting a stable neurologic status and no new surgical conditions based on clinical history or exam, the repeat scanning is not medically necessary.