

<b>Case Number:</b>	CM14-0052124		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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, has a subspecialty in Interventional Spine Pain Management 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 41 year old female with an injury date on 10/23/2013. Based on the 03/12/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical sprain and strain w/left sided radiculopathy 2. Left shoulder sprain and strain 3. Left elbow sprain and strain 4. Left wrist sprain and strain 5. Left knee sprain and strain 6. Lumbar sprain and strain with left leg pain. Physical exam findings were not included in this report for review. The 01/09/2014 medical-legal report indicates the patient present with persistent neck pain at 6/10 and low back pain at 7/10 with numbness and tingling to the left upper and lower extremities. The patient also complains of constant left shoulder pain at 5-8/10 and left elbow pain at 5/10. Physical exam shows moderate tenderness and spasm is at the cervical/ lumbar paraspinal muscles, upper traps, piriformis, gluteus medius, bilaterally, and left sciatic notch. Cervical and lumbar range of motion is limited. Cervical distraction, max foraminal compression, shoulder depression test, Soto Hall test, Straight leg raise, Kemp's test, SP compression test, Scheppelmen's test, Milgram's test, sitting Root test, and Yeoman's test are positive. Hypoesthesia is noted at the left median nerve distribution and L5/S1 dermatomal distribution. There were no other significant findings noted on this report. The utilization review denied the request for MRI of Cervical and Lumbar 04/16/2014 based on the ACOEM/ MTUS guidelines. The requesting physician provided treatment reports from 01/09/2014 to 11/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI of Cervical and Lumbar Spine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Chapter; Magnetic resonance imaging, Low Back Chapter.

**Decision rationale:** According to the 01/09/2014 report, this patient presents with persistent neck pain at 6/10 and low back pain at 7/10 with numbness and tingling to the left upper and lower extremities. The current request is for MRI of Cervical and Lumbar but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states the "request does not meet criteria in that evidence of neurological compromise is not documented in the clinical received." Regarding MRI of the cervical spine, ACOEM Guidelines state, "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." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Review of reports does not show evidence of prior cervical MRI. In this case, the patient presents with radicular pain, positive cervical distraction, max foraminal compression, shoulder depression test, Soto Hall test, and decreased sensation over the left median nerve. Given the patient's persistent radicular symptoms, a neurologic sign/symptom, and failure of conservative care, an MRI would be consistent with the guidelines. Recommendation is for authorization. Regarding MRI of the lumbar spine, ACOEM Guidelines state, "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." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Review of reports does not show evidence of prior lumbar MRI. In this case, the patient presents with radicular pain, positive Straight leg raise, Kempf's test, SP compression test, Schepplmen's test, Milgram's test, sitting Root test, Yeoman's test, and decreased sensation over the L5/S1 dermatomal distribution. Given the patient's persistent radicular symptoms, a neurologic sign/symptom, and failure of conservative care, an MRI would be consistent with the guidelines. Therefore, this request is medically necessary.