

<b>Case Number:</b>	CM14-0069371		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Orthopedic Surgery 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:

This is a 30-year-old female patient with a date of injury of 12/12/06. The mechanism of injury was a motor vehicle accident. A 4/2/14 progress note reported that the patient was having headaches that were severe (10/10), occurring daily in clusters. The patient reported nausea and photophobia during episodes. She also had severe pain (8/10) in the lumbar spine that was associated with numbness, aching and burning. Objective findings: Normal gait, no limp and walking unassisted. LS: right tenderness of the paraspinal region at L4, the gluteus maximus, the inguinal ligament, and the piriformis; left tenderness of the paraspinal region at L4, the gluteus maximus, the inguinal ligament, and the piriformis. Knee reflexes absent bilaterally. Diagnoses: Lumbar post-laminectomy syndrome, Back problem, Chronic pain syndrome, and Migraine. Treatment to date: activity modification, physical therapy, and medication management. A UR decision dated 4/14/14 denied the Request for MRI on the basis of lack of information regarding medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In the patient's note under Assessment/Plan, the clinician states that the patient's back pain is stable and there were no plans for surgery. There was no mention as to whether the patient had a previous cervical MRI. On objective exam, there is no comprehensive examination of the cervical spine. There is no documentation the patient is having neck pain or cervical radicular symptoms. In the documentation provided, the examination focuses on the the patient having headaches and lumbar pain, but there is no discussion in regards to the cervical spine. It is noted in the treatment plan that acupuncture is being requested, but the provider does not mention anything regarding a cervical MRI. It is unclear why a cervical MRI is being requested in this case. Therefore, the Decision for Magnetic Resonance Imaging (cervical) MRI Cervical Spine was not medically necessary.