

<b>Case Number:</b>	CM13-0055002		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/04/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Rehab 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 59-year-old male who reported an injury on 11/04/2012. The mechanism of injury was a motor vehicle accident. His diagnoses included lumbar radiculitis, cervical radiculopathy, cervical disc degeneration, cervical spine stenosis, chronic pain, and C6-7 severe encroachment. His past treatments included physical therapy, medications, a back brace, and 4 trigger point injections. Diagnostic studies included an EMG and an MRI of the cervical spine, performed on 03/06/2013 which revealed C3-4 disc height reduction, a 2 mm broad based posterior was identified with mild bilateral foraminal encroachment; at the C4-5, mild disc space height reduction with intrinsic disc desiccation, a posterolateral disc protrusion, moderate to severe foraminal encroachment with anatomic potential for impingement on the exiting left of the C5 nerve; C5-6 spinal stenosis, C6-7 severe left moderate right C6-7 foraminal encroachment, and spinal stenosis and the cervical spinal cord showed a mild Mobic type 1 degenerative curvilinear trabecular stress response/hyperemia at the C6-7 vertebral endplates. No surgical history was provided. On 10/25/2013, the injured worker presented with continued complaints of stiffness and pain to his cervical spine, left shoulder, and lumbar spine with the pain radiating down to the left leg with numbness and tingling in his left lower extremity. Upon physical examination, there was tenderness upon palpation to the lumbar spine over the paraspinous region with spasms. His range of motion to the lumbar spine was limited with values of flexion 35 degrees, extension 10 degrees, right lateral bending 15 degrees, and left lateral bending 20 degrees. His leg raises were positive at 40 degrees on the left and 60 degrees on the right. There was a decreased sensation to light touch and pinprick to the left lower extremity. The injured worker's medications as of 10/25/2013 were Ultram, Zanaflex, and Axid, current medications were not provided. The treatment plan included to continue the medications and with his present conservative treatment program and an MRI. The rationale for the request

for an MRI scan of the lumbar spine is to rule out any associated discopathy due to his symptomatology, ongoing pain radicular symptom and lack of improvement. The Request for Authorization form was signed on 02/25/2014.

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

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

**Magnetic resonance imaging (MRI) scan of the lumbar spine to rule out any associated discopathy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for magnetic resonance imaging (MRI) scan of the lumbar spine to rule out any associated discopathy is not medically necessary. The California Medical Treatment Utilization Schedule (ACOEM) indicates that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. Further physiologic evidence of nerve dysfunction should be obtained, if the neurologic examination is unclear, prior to ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. The physician can discuss the selection of an imaging test for neural or soft tissue if the physiologic evidence indicates tissue insult or nerve impairment. The injured workers last examination was on 10/25/2013 which indicated positive straight leg raises with decreased sensation, range of motion, and radicular findings. However, there was no indication of conservative care. Furthermore, since it has been greater than 1 year since the last physical examination, more current documentation would be needed to assess for an MRI. As such, the request for magnetic resonance imaging (MRI) scan of the lumbar spine to rule out any associated discopathy is not medically necessary.