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| <b>Case Number:</b>   | CM14-0191943 |                              |            |
| <b>Date Assigned:</b> | 11/25/2014   | <b>Date of Injury:</b>       | 10/03/2014 |
| <b>Decision Date:</b> | 01/12/2015   | <b>UR Denial Date:</b>       | 11/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/17/2014 |

### 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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury October 3, 2014. A utilization review determination dated November 5, 2014 recommends certification for an MRI of the cervical and noncertification for an MRI of the lumbar spine. Noncertification for the lumbar MRI was recommended since the patient has previously undergone an MRI of the lumbar spine and it is unclear whether there is a significant change in the patient's status or severe progression of symptoms to support additional testing. An MRI of the cervical spine is recommended for certification due to ongoing cervical complaints with diminished sensation in the C5-6 distribution bilaterally and continued symptoms despite treatment with medication and physical therapy. A progress report dated November 25, 2014 identifies that the patient has previously undergone a CT scan of the head, neck, and back which revealed "swollen discs in the neck and back." The patient was then prescribed medication and recommended to undergo physical therapy which "was not done." In mid-November, the patient underwent an MRI scan of his "entire back." Present complaints include neck pain, left shoulder pain, low back pain, left hip pain, and leg and foot pain. The pain is rated as 7/10. The patient's shoulder pain does not radiate to the rest of his left upper extremity. His low back pain radiates to his left hip, leg, and foot. The patient underwent a "back surgery" in 2011. Physical examination findings reveal no upper extremity sensory deficit or motor deficit. Reflexes are normal. The patient has some spasm and tenderness in the cervical paraspinal muscles. Lumbar examination revealed spasm and tenderness in the paraspinal muscles with reduced sensation bilaterally in the feet and normal muscle testing. Diagnoses include cervical sprain, derangement of the shoulder joint, and lumbar sprain/strain. The treatment plan recommends reviewing the MRI of the lumbar and cervical spine. Additionally, physical therapy is recommended for the neck, low back, left shoulder, and left hip. An MRI of the left shoulder and hip are recommended and electrodiagnostic studies are recommended for

the lower extremities and upper extremities. Medication is prescribed in the form of Naproxen, Omeprazole, and Orphenadrine.

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

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

#### **MRI of lumbar spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Low Back Procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam and it does not appear the patient has failed conservative treatment. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. Finally, it appears the patient has undergone surgery previously. Postsurgical patients generally require MRI with contrast if there are no contraindications to its use. In the absence of clarity regarding those issues, the requested lumbar MRI is not medically necessary.

#### **MRI of Cervical Spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC; Neck & Upper Back Procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI

**Decision rationale:** Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. Additionally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation the requested MRI of Cervical Spine without contrast is not medically necessary.