

<b>Case Number:</b>	CM15-0000290		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/02/2003
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45 year old female sustained work related industrial injuries on January 2, 2003. The mechanism of injury was not described. The injured worker subsequently complained of upper and lower extremity pain. The injured worker was currently diagnosed and treated for status post anterior cervical disc fusion at C5-C6 and C6-C7 with iliac crest bone grafting, herniated lumbar disc with radiculitis/radiculopathy, left shoulder tendinitis, impingement, right shoulder strain and sprain, tendinitis, carpal tunnel syndrome, bilateral wrist and hands, weight gain, allergic reactions to medication and symptoms of gastritis . Treatment consisted of laboratory studies, radiographic imaging, prescribed medications, consultation and periodic follow up visits. Per treating provider report dated November 10, 2014, the injured worker reported increased pain in her cervical spine and burning sensation in her stomach. The injured worker also complained of pain in her forearm, wrist, hand, fingers, upper and lower back, hips, right knee, ankle, foot and toes. Objective findings revealed decrease cervical spine range of motion with spasms over the upper trapezius, bilaterally. Lumbar spine revealed decrease range of motion, paraspinal tenderness with spasms. There was hypoesthesia noted at the anterolateral aspect of the foot and ankle of an incomplete nature noted at the L5-S1 dermatome distribution. There was weakness in the big toe dorsiflexor and big toe plantar flexor, bilaterally. The treating physician prescribed services for MRI lumbar spine now under review. On December 23, 2014, the Utilization Review (UR) evaluated the prescription for MRI lumbar spine requested on December 19, 2014. Upon review of the clinical information, UR non-certified the request for MRI lumbar spine, noting the lack of evidence of physiological study being performed to show evidence of radiculopathy

documentation. The MTUS, ACOEM Guidelines, and ODG were cited. On January, 2, 2015 the injured worker submitted an application for IMR for review of MRI lumbar spine .

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

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

**MRI of the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs( Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, MRI

**Decision rationale:** This patient presents with severe neck, back, bilateral shoulder, bilateral wrist/hand and bilateral lower extremity pain. The current request is for an MRI OF THE LUMBAR SPINE. The treating physician reports that the MRI is necessary to establish the presence of disc pathology. The Utilization review denied the request stating: there is no presenting evidence of physiologic study being done showing evidence of radiculopathy although this is pending. For special diagnostics, ACOEM Guidelines page 303 states unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. For this patient's now chronic condition, ODG guidelines provides a thorough discussion. ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The medical file provided for review does not discuss any prior imaging for the lower back. In this case, the patient has low back pain that radiates into the lower extremities with hypoesthesia along the anterior lateral aspect of the foot and ankle. Given there are no indications of any recent MRI and the positive findings on examination; an MRI for further investigation IS medically necessary.