

<b>Case Number:</b>	CM15-0005323		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 48-year-old male who reported an injury on 12/08/2006. The mechanism of injury was not provided nor was the conservative care. The injured worker's medications were noted to include Soma 350 mg, Norco 10/325 mg, naproxen 550 mg twice a day, and gabapentin 600 mg twice a day. The documentation of 11/07/2014 revealed the injured worker had neck and back pain. The injured worker indicated he was having increased neck and low back pain. Documentation indicated the injured worker was awaiting authorization for a CT of the cervical spine and an updated MRI. The surgical history included a micro lumbar decompression bilaterally at L4-5 and L5-S1 on 02/23/2010 and an ACDF at C5-6, C6-7, and date not provided, removal of hardware at C5-6 and C6-7 on 07/12/2007, and an extension of the fusion to C3-4 and C4-5 on 08/09/2012. The injured worker indicated his neck pain was a 7/10 to 8/10 on the pain scale depending on the activity level. The injured worker indicated his low back pain was a 7/10 to 8/10 and had associated lower extremity tingling, numbness, and pain intermittently to the bilateral feet. The range of motion of the lumbar spine and cervical spine were limited by pain. Upper and lower extremity sensation was intact. The tibialis anterior, EHL, and inversion strength was 5-/5. The straight leg raise on the left at 30 degrees caused increased back pain. The straight leg raise on the right at 40 degrees caused increased back pain. The physician documented the injured worker had an EMG of the bilateral lower extremities on 08/18/2014 which revealed an abnormal study. The electrodiagnostic study was noted to reveal evidence of right S1 radiculopathy and distal symmetric polyneuropathy. The injured worker was noted to undergo an MRI of the cervical spine on 07/02/2014, which revealed there

extensive postoperative changes with anterior fusion as described at C5-6 and C6-7 with mild canal stenosis suggesting a C6-7 moderate left neural foraminal narrowing. At C1-2 and C2-3, there were focal protrusions. Compared to the prior study, there had been interval extensive postoperative changes with decompression of canal stenosis and neural foramina narrowing. The diagnoses included stenosis cervical, lumbar radiculopathy, lumbar stenosis, status post left L4-5 and L5-S1 laminotomy, status post ACDF at C3-4 and C4-5 on 08/09/2012, and status post ACDF at C5-6 and C6-7 with hardware removal later. The treatment plan included an MRI of the lumbar spine and a CT scan of the cervical spine to evaluate persistent and severe neck complaints and to evaluate the cervical fusion. There was a Request for Authorization submitted for the date of 11/07/2014.

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

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

**CAT of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that the criteria for ordering imaging studies include the emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or the clarification of anatomy prior to an invasive procedure. Additionally, they indicate that if physiologic evidence indicates tissue insult or nerve impairment, consider a selection of a CT scan for bony structures. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon physical examination to support the necessity for a CT scan. The physician documented that the request was made for persistent and severe neck complaints and to evaluate the cervical fusion sites. There was a lack of documentation of physiologic evidence to support the necessity for a CT scan. Additionally, there was a lack of documentation of a failure to progress in a strengthening program intended to avoid surgery. There was a lack of documentation indicating whether the request was for a clarification of the anatomy prior to an invasive procedure. Given the above, the request for a CAT scan of the cervical spine is not medically necessary.

**MRI, Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), MRI's (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, MRIs (magnetic resonance imaging)

**Decision rationale:** The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and of findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker's nerve conduction study unofficially revealed right S1 radiculopathy. The straight leg raise was positive bilaterally, with increased back pain; however, there was no documentation of radiation. The physical examination of the bilateral lower extremities revealed sensation was intact. The tibialis anterior, EHL, and inversion strength were 5-/5 bilaterally. The injured worker had a prior MRI. These findings do not suggest a significant pathology and the documentation failed to indicate the injured worker had a significant change in symptoms. Given the above, request for MRI lumbar spine is not medically necessary.