

<b>Case Number:</b>	CM15-0102903		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 01/17/2014. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having cervical radiculitis, lumbosacral or thoracic neuritis or radiculitis, myofascial pain, cervical sprain/strain, and lumbar sprain/strain. Treatment and diagnostics to date has included cervical spine MRI which showed herniated disc with mild bilateral foraminal narrowing, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 05/12/2015, the injured worker presented with complaints of low back pain and upper back pain. Objective findings noted no change in examination. The treating physician reported requesting authorization for repeat cervical spine MRI and repeat lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the cervical spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI).

**Decision rationale:** Based on the 04/29/15 progress report provided by treating physician, the patient presents with neck pain that radiates down left arm into fingertips with tingling and burning, rated 8/10. The request is for REPEAT MRI OF THE CERVICAL SPINE WITHOUT CONTRAST. Patient's diagnosis per Request for Authorization form dated 05/12/15 includes myofascial pain, chronic pain syndrome, cervical radiculopathy, and cervical herniated discs. EMG and Nerve conduction studies dated 10/31/14, per 04/29/15 report showed "evidence consistent with a bilateral cervical radiculopathy. The involved nerve roots appear to be C6, although the possibility of C5 or C7 could be entirely included. The nerve conduction studies were normal." Treatment to date included imaging and electrodiagnostic studies, TENS, and medications. Patient's medications include Norco and Flexeril. The patient is temporarily totally disabled and remains off work, per 05/12/15 report. Treatment reports were provided from 11/12/14 - 05/12/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "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 who would consider surgery an option." ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter and under Magnetic resonance imaging (MRI), have the following criteria for cervical MRI: (1) Chronic neck pain (=after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronicneck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronicneck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronicneck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Per 05/12/15 report, treater states the patient "went to neurosurgeon, and was told that he needed new MRIs of his neck and back as well as a trial of physical therapy prior to entertaining the idea of surgery." Per 04/29/15 report, treater states "MRI scan of the cervical spine was reviewed. There is cervical spondylosis at C3-4, C4-5, C5-6, and C6-7. The foramen are narrowed at C3-4 on the left, C4-5 bilaterally, not at C5-6, and at C6-7 bilaterally." In this case, there is no documentation or discussion of significant change in symptoms or findings, progression of neurologic deficit, no red flags and no new injury, to warrant a repeat MRI. This request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.

**Repeat MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Based on the 04/29/15 progress report provided by treating physician, the patient presents with lumbar spine pain that radiates down both legs, rated 9/10. The request is for REPEAT MRI OF THE LUMBAR SPINE WITHOUT CONTRAST. Patient's diagnosis per Request for Authorization form dated 05/12/15 includes myofascial pain, chronic pain syndrome, and lumbar radiculopathy. Physical examination to the lumbar spine on 04/29/15 revealed decreased range of motion, especially on extension 10 degrees. Treatment to date included imaging and electrodiagnostic studies, TENS, and medications. Patient's medications include Norco and Flexeril. The patient is temporarily totally disabled and remains off work, per 05/12/15 report. Treatment reports were provided from 11/12/14 - 05/12/15. ACOEM Guidelines, chapter 8, page 177 and 178, state "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 an option.: ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per 05/12/15 report, treater states the patient "went to neurosurgeon, and was told that he needed new MRIs of his neck and back as well as a trial of physical therapy prior to entertaining the idea of surgery." Per 04/29/15 report, treater states "as far as [the patient's] lumbar spine is concerned, his scan shows degenerative disc disease at multiple levels but there is no evidence of any central canal, lateral recess, and neural foraminal compression of the nerve roots." According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any other condition to warrant another repeat MRI study. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.