

<b>Case Number:</b>	CM15-0106273		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/06/2009
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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, Pain Management

### 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 57 year old male who sustained an industrial injury on 04/06/2009. Mechanism of injury was not documented. Diagnoses include cervical and lumbar pain, lumbago, cervicalgia, sacroiliitis of S1 joint disorder, chronic pain syndrome, pain medication management, cholesterol disorder and pain medication agreement. Treatment to date has included diagnostic studies, medications, Transcutaneous Electrical Nerve Stimulation unit, physical therapy, pain management, lumbar epidural injections, and non-spine injections. He is totally disabled. His medications include Atorvastatin, Hydrocodone-Acetaminophen, Ibuprofen, Levothyroxine, Omeprazole and Tramadol. A physician progress note dated 05/21/2015 documents the injured worker has pain in the right lumbar region, and right shoulder pain is worse since his last visit. He complains of back pain, neck pain joint pain, shoulder pain, and acute muscular weakness. On examination his cervical spine has trigger points at sub occipital muscle insertions (left), bilateral tenderness is present diffusely, range of motion is limited in all directions mild, no pain with neck movement. The lumbar spine has trigger points at upper outer quadrant of the buttocks, paraspinal muscles tenderness present bilaterally. He has minimal pain with extension and flexion motion, discomfort with lateral bending, and range of motion is normal for age. He has right shoulder trigger pints at midpoint of the upper border of the Trapezius, with mild tenderness to palpation. He has limited mild range of motion with no pain. Treatment requested is for Cervical MRI (magnetic resonance imaging), Cervical X-rays - Flexion/Extension, Lumbar MRI (magnetic resonance imaging), and Lumbar X-rays - Flexion/Extension.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar MRI (magnetic resonance imaging): 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: Indications for imaging - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for 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. ODG states that 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, the patient has a longstanding injury with no red flags, significant neurological findings, or another clear rationale for this study, and there is no indication of a significant change in symptoms and/or findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested MRI is not medically necessary.

### **Cervical MRI (magnetic resonance imaging): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI (magnetic resonance imaging) Cervical Spine.

**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 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. ODG states that 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, the patient has a longstanding injury with no red flags, significant neurological findings, or another clear rationale for this study, and there is no indication of a significant change in symptoms and/or findings suggestive of significant pathology. In the absence of clarity regarding those issues, the currently requested MRI is not medically necessary.

### **Lumbar X-rays - Flexion/Extension: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Flexion/extension imaging studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Flexion/extension imaging studies.

**Decision rationale:** Regarding the request for flexion/extension x-rays, CA MTUS does not address the issue. ODG cites that they are not recommended as a primary criteria for range of motion, but may be appropriate for evaluating instability when there is consideration for surgery. Within the documentation available for review, there is no indication of findings suggestive of instability or another clear rationale for flexion/extension studies. In light of the above issues, the currently requested flexion/extension x-rays are not medically necessary.

### **Cervical X-rays - Flexion/Extension: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Flexion/extension imaging studies.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Low Back Chapters, Flexion/extension imaging studies.

**Decision rationale:** Regarding the request for flexion/extension x-rays, CA MTUS does not address the issue. ODG cites that they are not recommended as a primary criteria for range of motion, but may be appropriate for evaluating instability when there is consideration for surgery. Within the documentation available for review, there is no indication of findings suggestive of instability or another clear rationale for flexion/extension studies. In light of the above issues, the currently requested flexion/extension x-rays are not medically necessary.