

<b>Case Number:</b>	CM15-0134371		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year-old female, who sustained an industrial injury on 03/08/2013. She has reported injury to the neck and low back. The diagnoses have included cervical pain; cervical sprain; cervical disc herniations with neural foraminal narrowing; cervical degenerative disc disease; low back pain; lumbar disc herniations with neural foraminal narrowing; lumbar degenerative disc disease; lumbar and cervical facet arthropathy; sciatica; left lateral epicondylitis; and pain thoracic spine. Treatment to date has included medications, diagnostics, ice, heat, cervical epidural injections, chiropractic therapy, physical therapy, and home exercise program. Medications have included Ibuprofen, Celebrex, Omeprazole, and Naproxen. A progress report from the treating physician, dated 05/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck and left upper extremity symptoms, with aching, burning pain that she rates at 9/10 on the pain scale; this pain radiates down the left shoulder scapular region, and throughout the left shoulder down her left arm into the left first, second, and fifth digits of her hand; she reports numbness as well in those three digits; she has weakness throughout the left upper extremity, and she has difficulties with her job; she avoids using her left arm now; she has left-sided lower back pain which is sharp in nature; she rates her lower back pain at 9/10 on the pain scale, however it can increase to a 10/10 on the pain scale with twisting or walking on uneven surface; she has radiation of pain, numbness, and tingling in the left lower extremity to the ankle; and she has difficulty with sleeping secondary to pain. Objective findings included decreased ranges of motion in the cervical spine, thoracic spine, and lumbar spine; upper and lower extremity sensation is intact;

motor exam reveals 4+/5 strength in the right deltoid, biceps, internal rotator, external rotator, and wrist extensor; 4+/5 strength in the bilateral tibialis anterior and extensor hallucis longus; and reflexes are normal in the upper and lower extremities. The treatment plan has included the request for MRI lumbar spine.

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

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

**MRI lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition, web.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic (Acute & Chronic, updated 07/17/15), MRIs (magnetic resonance imaging).

**Decision rationale:** ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 12 (Low Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that, "Unequivocal 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Table 12-8 (Summary of Recommendations and Evidence) recommends "CT or MRI when cauda equina syndrome, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." MTUS is however silent concerning criteria for repeat lumbar MRI. Therefore, ODG was consulted. ODG criteria state: Repeat MRI: "When there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Previous lumbar MRI on 06/11/13 showed an L4-5 disc herniation with extruded fragment. Office notes from 12/29/14 and 01/28/15 document a normal neurological exam of the lower extremities. Beginning on 04/27/15, apparently new lower extremity motor deficits are documented in a bilateral L5 and S1 distribution. In addition, the injured worker reported unexplained urinary and fecal incontinence, which had been present since the time of her industrial injury. Based upon the documented lower extremity progressive neurological deficits and unexplained bowel and bladder symptoms, performance of a repeat lumbar MRI is consistent with ODG recommendations and is reasonable and medically necessary.