

<b>Case Number:</b>	CM15-0136125		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	06/14/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: 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 (IW) is a 55-year-old female who sustained an industrial injury on 06/14/2014. The mechanism of injury and initial report of injury are not found in the records reviewed. She was diagnosed as having: cervical disc degeneration bilateral. Degenerative disc disease. Sprain-hip. Sprain lumbosacral. Sprain/strain cervical. Treatment to date has included medications, physical therapy, and a trial of a transcutaneous electrical nerve stimulation (TENS) unit. X-ray of the right shoulder (05/01/15) showed minimal degenerative changes and was otherwise unremarkable. X-ray of the cervical spine, three views (05/01/15) showed straightening of usual neural cervical lordosis, spondylosis with degenerative disc disease (DDD) at C5-6 and C6-7 with associated moderate spurring and anterior ligament calcifications. On frontal view, there is a smooth 2-3 mm dystrophic calcification to the left of C4-C5 possibly in the region of the carotid artery, and there is mild hypertrophy of the uncinat process of C6, and mild and mild degenerative changes at C6-7. The lumbosacral spine x-rays on the same date showed rather diffuse spondylosis with degenerative disc disease at L1-L2 and L2-3 and L4-5 and mild degenerative changes and no narrowing of lumbosacral disc space with mild spurring at posterior inferior L5 body and slight dextroscoliosis but otherwise unremarkable. Thoracic spine was normal. X-rays of the bilateral hips had minimal smooth pointing at the upper lateral aspect of the greater trochanters and mild-to moderate degenerative changes in an otherwise normal right hip, and the left hip had an adjacent faint smooth 6mm x2-3 mm dystrophic calcification, mild degenerative changes along the lesser trochanter as well as moderate spurring and dystrophic changes. In the exam of 06/22/2015, the injured worker complains of pain in the back, neck and hips, and an injury to the leg. She has a hyper-exaggerated pain response. Her pain is in

the cervical area, hip area, knee, back, lower back and mid back. She reports her pain as chronic, constant spasm, numbness, weakness, throbbing, stiff, dizziness, shaking pain, aching, throbbing, sharp that makes her feel off balance. Things that help her pain include heat, ice, and Advil. Medications, physical therapy and trial of a TENS unit have not helped. The pain is made worse by exercise, sitting, bending forward, morning, night, and work. She rates the pain at about a 9 on a scale of 0-10. In examination of the neck and shoulders, her range of motion is normal, palpation over the acromioclavicular joint and greater tuberosity of the shoulder is painless. She has no tenderness in the shoulder to palpation. Impingement test is negative and stress testing shows no evidence of shoulder instability. There is no localized tenderness over the medial or lateral epicondyles of the elbow or over the olecranon. Range of motion is normal. Examination of the wrists and hands is normal. The lumbar spine has pain to palpation over the right Sacroiliac joint. Her forward flexion and extension is significantly diminished, as is the lateral flexion and rotation. Her straight leg raising is negative at 90 degrees bilaterally. The motor strength exam and range of motion in the lower extremities were within normal parameters. Sensation in the bilateral lower extremities was intact to light touch, pinprick and two-point discrimination in all dermatomes. Deep tendon reflexes were 2+ bilaterally. There is no difficulty with weight bearing or hip ROM. The treatment plan included MRI of the cervical, lumbar spine and bilateral hips, acupuncture, and an interferential pain unit. There was discussion with the patient about returning to work with restrictions. A request for authorization was made for the following: 1. Acupuncture x 6. 2. MRI of lumbar spine. 3. MRI of cervical spine. 4. MRI of bilateral hips.

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

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

**MRI of lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** MTUS Guidelines do not support the use of MRI scanning unless specific clinical conditions are present. This individual does not have the qualifying conditions, which would include persistent or progressive neurological dysfunction, red flag conditions or the need for invasive procedures. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Lumbar MRI is not supported by Guidelines and is not medically necessary.

**MRI of cervical spine:** Upheld

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

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

**Decision rationale:** MTUS Guidelines have very specific criteria to justify the use of MRI scanning of the cervical spine. This individual does not meet these criteria, which would include persistent or increasing neurological dysfunction, evidence of instability or red flag conditions. There are no unusual circumstances to justify an exception to Guidelines. The request for the cervical MRI is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The cervical MRI is not medically necessary.

**MRI of bilateral hips:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/MRI.

**Decision rationale:** MTUS Guidelines do not address this issue. ODG Guidelines address this issue and MRI studies are not recommended unless there are pathological x-ray findings that need further evaluation, an occult fracture is suspected, red flag conditions are present or procedural intervention may be necessary. This individual has not limitations in ROM and no problems with weight bearing or gait. Under these circumstances, the MRI of the bilateral hips is not supported by Guidelines and is not medically necessary.