

<b>Case Number:</b>	CM15-0193232		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 52 year old female who sustained an industrial injury June 10, 2008. Past history included diabetes and a rear-ended motor vehicle accident December 20, 2014. According to an orthopedic consultation dated February 3, 2015, and most recent medical record, the injured worker presented with complaints of bilateral shoulder pain, low back pain, bilateral leg pain, bilateral knee pain and bilateral ankle pain with swelling. Past treatment included medication and physical therapy and three left shoulder surgeries. On October 2009, she underwent an arthroscopic rotator cuff repair and a repeat in 2009, and in 2010, an excision at the end of the clavicle. Objective findings included; 4'11" and 148 pounds; gait, heel toe and single toe tests are normal; lumbar spine; decreased lumbar lordosis, tenderness L4-S1, posterior superior iliac spine, and paravertebral muscle and sacroiliac joints bilaterally, normal sensation at the bilateral thigh, calves, and feet; decreased range of motion with pain; straight leg raise at 80 degrees right and left, Fabere and Lasegue are negative left and right. Diagnoses are status post left shoulder surgery x (3); right shoulder impingement; lumbosacral sprain, strain; lumbar facet syndrome. At issue, is a request for authorization for an MRI of the cervical and lumbar spine. The physician spoke to a possible need for a right shoulder replacement and also documented as soon as the studies are done he can update her condition. According to utilization review dated September 14, 2015, the requests for an MRI of the cervical and lumbar spine are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient is without noted neurological deficit in bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary and appropriate.

**Magnetic resonance imaging (MRI) of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient is without specific dermatomal or myotomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary and appropriate.