

<b>Case Number:</b>	CM15-0197987		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/22/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 41 year old female, who sustained an industrial injury on 03-22-2015. She has reported subsequent headaches, neck, low back, bilateral upper extremity and bilateral lower extremity pain and was diagnosed with contusion of the face, scalp, neck and right upper arm, bilateral trapezial trigger points and mechanical neck pain, cervical and lumbar strain and moderate lumbar facet syndrome rule out herniated nucleus pulposus. Treatment to date has included pain medication and physical therapy, which were noted to have provided improvement of pain. In a doctor's first report of illness or injury dated 03-22-2015, the injured worker reported headache in the left occipital scalp region and right arm pain after a glass door shattered and fell on her head. Objective findings were notable for mild abrasions and one superficial laceration of the right arm. The plan of care included pain medication and a CT of the head. Subsequent documentation shows that the injured worker had missed the appointment for CT scan. A progress note dated 06-10-2015 was submitted but is very difficult to decipher. In a progress note dated 08-18-2015, the injured worker reported continued constant sharp cervical pain radiating to the shoulders with numbness and tingling of the hands, constant stabbing pain in the bilateral shoulders radiating to the arms with numbness and tingling and muscle spasms and constant pain in the low back radiating into the bilateral legs with numbness and tingling in the legs and a burning sensation in the low back. Pain was noted to improve with medication and rest. The injured worker was noted to have difficulties with prolonged walking, standing, bending, grasping, lifting and sleeping. Objective examination findings of the dorso lumbosacral spine and lower extremities revealed focal tenderness along the L3-L4, L4-L5 and L5-S1 posterior spinous processes and paraspinal muscles bilaterally, forward flexion to

25 degrees, extension to 10 degrees with pain in both gluteal regions, right and left lateral bending equal and symmetric to 10 degrees. Work status was documented as temporarily totally disabled. The physician noted that an MRI of the neck and low back was being made but did not specify the reason for the request. There is no indication that the injured worker had any imaging studies of the spine previously performed. A request for authorization of MRI of the lumbar spine was submitted. As per the 09-17-2015 utilization review, the request for MRI of the lumbar spine was non-certified.

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

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

#### **MRI Lumbar Spine: Upheld**

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

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

**Decision rationale:** The ACOEM chapter on low back complaints and special diagnostic studies states: 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore the request is not medically necessary.