

<b>Case Number:</b>	CM15-0202201		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 36 year old female, who sustained an industrial injury on 2-23-13. The injured worker is being treated for cervical radiculitis syndrome and lumbosacral sciatic syndrome. On 9-9-15 and 10-2-15, the injured worker complains of constant, sharp, shooting, aching, burning pins and needles pain of cervical spine and thoracic spine rated 3-7 out of 10 and lumbar spine pain described as aching, throbbing, pins and needles with radiation down bilateral lower extremities rated 5-9 out of 10. She notes difficulty performing activities of daily living. Physical exam performed on 9-9-15 and 10-2-15 revealed palpable tenderness of cervical spine spinous processes and supraspinatus ligaments, palpable tenderness of bilateral cervical spine paraspinal musculature and trapezius muscles and painful range of motion; and palpable tenderness of spinous processes and supraspinatus ligaments of the thoracic spine, palpable tenderness of rhomboids and thoracic spine paraspinal musculature, palpable tenderness of the spinous processes and supraspinatus ligaments of lumbar spine, palpable tenderness of bilateral lumbar spine paraspinal musculature and palpable tenderness of bilateral sacroiliac joints and sciatic notches; she reports painful range of lumbar motion. Treatment to date has included pain management, chiropractic treatment (without significant relief of symptoms), physical therapy (provided temporary relief) pain medications and activity modifications. A request for authorization was submitted on 9-20-15 for (MRI) magnetic resonance imaging of cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** 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), Low Back, MRI.

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the back. MTUS guidelines state the following: Despite the lack of strong medical evidence supporting it, discography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration. Failure of conservative treatment. Satisfactory results from detailed psychosocial assessment. (Discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.) Is a candidate for surgery. Has been briefed on potential risks and benefits from discography and surgery. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not medically necessary to the patient at this time.