

<b>Case Number:</b>	CM15-0209781		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/18/2009
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 is a 56 year old female who sustained an industrial injury on 7-18-2009. A review of medical records indicates the injured worker is being treated for unspecified disorders of bursae and tendons in the shoulder region and cervical radiculopathy. Medical records dated 7-7-2015 noted cervical spine pain with radiation down her arm. Physical examination noted a positive Spurling sign. Neck range of motion was extension +10 degrees, rotation to the right 70 degrees, rotation to the left was 70 degrees, left lateral bending was at 45 degrees, and right lateral bending at 45 degrees. Treatment has included Lidoderm, Celebrex, and injection. Cervical MRI dated 8-26-2009 revealed facet arthropathy and mild facet hypertrophy. Lumbar MRI dated 1-2-2014 revealed possible annular tear, facet hypertrophy, and mild left foraminal stenosis. Utilization review form dated 10-21-2015 noncertified MRI lumbar spine without contrast and MRI cervical spine without contrast.

### 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 without contrast Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker had a lumbar MRI dated 1-2-2014 that revealed possible annular tear, facet hypertrophy, and mild left foraminal stenosis. There has been no interval changes that would warrant a repeat MRI. Additionally, there are no indications of red flags. The request for MRI of the lumbar spine without contrast Qty: 1.00 is determined to not be medically necessary.

**MRI of the cervical spine without contrast Qty: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

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

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include: the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, there is no objective evidence of nerve impairment or other red flag that would warrant the use of a cervical MRI. Additionally, the injured worker has not failed to progress in a strengthening program intended to avoid surgery. The request for MRI of the cervical spine without contrast Qty: 1.00 is determined to not be medically necessary.