

<b>Case Number:</b>	CM15-0028897		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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 59 year old female who sustained a work related injury on October 5, 2011, after falling and injuring her knees. She complained of pain in her neck, lower back, both wrists and both thumbs. X rays revealed a cervical strain with possible left arm radiculopathy, lumbosacral strain with possible leg radiculopathy, contusions of both knees, and degenerative arthritis of the knees. In 2012, she had a right carpal tunnel release and a release of a right trigger thumb. Treatment included work restrictions, physical therapy and medications. Currently, in January, 2015, the injured worker complained of ongoing neck pain and arm pain with discomfort in the lower back. She was diagnosed with lumbosacral disc with spondylolisthesis, lumbar radiculitis, cervical degenerative disc and bilateral knee osteoarthritis. On February 6, 2015, a request for a Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast; a request for a cervical Magnetic Resonance Imaging (MRI) without contrast; and electromyogram/nerve conduction velocity repeat of the lower left extremity was non-certified by Utilization Review, noting, the California Medical Treatment Utilization Schedule Guidelines and the American College of Occupational and Environmental Medicine Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI repeat of lumbar spine without dye: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 182; 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back MRIs (magnetic resonance imaging); Neck

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** 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, not demonstrated here. 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 for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI repeat of lumbar spine without dye is not medically necessary and appropriate.

**EMG/NCV repeat of lower left extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 182; 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back MRIs (magnetic resonance imaging); Neck

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

**Decision rationale:** The requesting provider did not document the medical indication for repeating the EMG/NCV study with unchanged symptom complaints and clinical findings for lumbar radiculopathy/nerve impingement. Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, entrapment syndrome, medical necessity for EMG/NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any radiculopathy without specific consistent myotomal or dermatomal correlation to support for repeating the electrodiagnostic. The EMG/NCV repeat of lower left extremity is not medically necessary and appropriate.

**MRI repeat cervical spine without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 182; 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back MRIs (magnetic resonance imaging); Neck

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Neck and Upper 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, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any failed conservative treatment, specific acute change or progressive deficits in clinical findings to support this imaging study as the patient is without documented correlating neurological deficits consistent with any dermatomal pattern or motor strength loss. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI repeat cervical spine without dye is not medically necessary and appropriate.