

<b>Case Number:</b>	CM15-0210387		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/05/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46-year-old female, with a reported date of injury of 06-18-2011. The diagnoses include lumbar spine sprain and strain, left lower extremity radiculitis, lumbar radiculitis and radiculopathy of the bilateral lower extremities, cervical spine sprain and strain, cervical degenerative disc disease, cervical disc herniation, and cervical radiculitis and radiculopathy of the bilateral upper extremities. The progress report dated 09-28-2015 indicates that the injured worker complained of cervical spine pain, which was rated 5-6 out of 10; bilateral upper extremity radicular pain; and lumbar spine pain, with bilateral lower extremity radicular pain, rated 5-6 out of 10. It was noted that there was no functional change since the last examination. The objective findings include mild distress, an antalgic gait, movement with stiffness, tenderness to the bilateral cervical and cervical-thoracic spine, tenderness to the bilateral lumbar and lumbar-sacral spine, cervical spine flexion and extension at 30 degrees, lumbar spine flexion at 30 degrees, and lumbar spine extension at 10 degrees. The injured worker's work status was noted temporarily totally disabled for 6 weeks. The diagnostic studies to date have included a urine drug screen on 03-26-2015 which was consistent for Tramadol, and inconsistent for Citalopram; and a urine drug screen on 08-31-2015 which was inconsistent for Lorazepam. Treatments and evaluation to date have included Tramadol, Fiorinal, acupuncture, Naproxen, trigger point injections to the bilateral shoulders, twenty-four chiropractic sessions, physical therapy, and lumbar epidural steroid injections. The request for authorization was dated 09-29-2015. The treating physician requested an MRI of the cervical and lumbar spine. On 10-

05-2015, Utilization Review (UR) non-certified the request for an MRI of the cervical and lumbar spine.

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

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

#### **MRI of the cervical/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), Neck and Upper Back Chapter, Magnetic resonance imaging (MRI); Low Back Chapter, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (2) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

**Decision rationale:** The claimant sustained a cumulative trauma work injury with date of injury in June 2011. She underwent a right carpal tunnel release and de Quervain release in July 2015. She has right knee and radiating neck and radiating low back pain. MRI scans of the cervical and lumbar spine were done in March 2012 with findings of multilevel disc protrusions. When seen in September 2015, cervical and lumbar epidural steroid injections had been recommended. Neck and back pain was rated at 5-6/10. Prior treatments had included physical therapy, chiropractic care, and acupuncture with mild relief. Physical examination findings included an antalgic gait. There was cervical and lumbar tenderness with decreased range of motion. Arthroscopic right knee surgery was pending. MRI scans of the cervical and lumbar spine are being requested. Guidelines recommend against a repeat cervical or lumbar spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant has already a cervical and lumbar spine MRI. There is no new injury or significant change in her condition and no identified red flags that would indicate the need for a repeat scan. The request is not medically necessary.