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| <b>Case Number:</b>   | CM15-0210470 |                              |            |
| <b>Date Assigned:</b> | 10/29/2015   | <b>Date of Injury:</b>       | 12/10/2013 |
| <b>Decision Date:</b> | 12/09/2015   | <b>UR Denial Date:</b>       | 10/20/2015 |
| <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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 65 year old male who sustained an industrial injury December 10, 2013. According to a handwritten primary treating physician's progress report dated September 17, 2015, the injured worker presented with complaints of persistent cervical pain with stiffness and increased pain in the right upper extremities, pain in the lumbar spine, bilateral shoulder pain which has decreased since an injection. Objective findings included tenderness to palpation of the cervical spine with decreased range of motion and paracervical spasms; positive impingement sign left greater than right shoulder. Some handwritten notes are difficult to decipher. Diagnoses are cervical spine sprain, strain; herniated nucleus pulposus C4-5, C5-6 with radiculopathy; lumbar strain with disc protrusion L4-5 and L5-S1; bilateral shoulder impingement. At issue, is the request for authorization for MRI's of the cervical and lumbar spine. An MRI of the cervical spine dated May 20, 2014, (report present in the medical record) impression decreased disc height C5-6; degenerative marginal osteophytes off the anterior inferior endplates of C3-C5 and anterior superior endplate of C6; degenerative osteosclerosis off the inferior endplate of C5 and superior endplate of C6; curvilinear calcification anterior to disc level C4-5 which may reflect ligamentous calcification; single focus calcification projecting over the proximal soft tissue of the cervical spine consistent with vascular calcification. An MRI of the lumbar spine dated May 20, 2014, (report present in the medical record) impression levoconvex scoliosis involving the entire lumbar spine, this may be positional or reflect an element of myospasm; degenerative small endplate osteophyte are seen off the anterior inferior endplates of L1 through L5 and anterior superior endplates of L2 through S1; degenerative osteosclerosis involving the opposing endplates at L1-L2 through L5-S1. MRI's of the right

and left shoulder dated May 20, 2014, (report present is the medical record) impression unremarkable shoulder study. According to utilization review dated October 20, 2015, the requests for an MRI of the lumbar spine without contrast and an MRI of the cervical spine without contrast were 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 without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/2015).

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

**Decision rationale:** This 65 year old male has complained of cervical spine pain, lumbar spine pain and shoulder pain since date of injury 12/10/2013. He has been treated with injections, physical therapy and medications. The current request is for an MRI of the lumbar spine without contrast. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/or in the absence of red flag symptoms are not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.

#### **MRI cervical spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** This 65 year old male has complained of cervical spine pain, lumbar spine pain and shoulder pain since date of injury 12/10/2013. He has been treated with injections, physical therapy and medications. The current request is for an MRI of the cervical spine without contrast. The available medical records show a request for MRI of the cervical spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms are not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical

records. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.