

<b>Case Number:</b>	CM15-0212102		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	04/15/1999
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 75 year old male who sustained an industrial injury on 04-15-1999. Medical records indicated the worker was treated for left sided pain in the neck that radiates into the left shoulder and down the left arm with numbness and tingling. He has diagnoses of spinal stenosis. Physical exam reveals decreased range of motion in the cervical and lumbar spine. In the provider notes of 09-17-2015, the worker attributes 75% of his pain in the left side of the neck and 25% that radiates into the left shoulder and left arm. He has numbness and tingling just in the left wrist. Prolonged sitting, standing, walking and bending forward exacerbates his symptoms. Lying down, standing, medications, sitting, walking and anti-inflammatory pills help reduce his pain. He rates his neck pain as a 6 on a scale of 10 in severity, and also rates the left arm pain as a 6 on a scale of 0-10. He occasionally has right side pain rated a 4 on a scale of 0-10. His range of motion of the cervical spine is 50 degrees flexion, 0 degrees extension, left and right lateral bending was a 10 and left and right rotation was 40 each. Neurologically, the motor exam revealed normal and symmetric strength in the upper extremities with the exception of the left biceps which was a 4+ out of 5 strength. Normal sensation to light touch is noted. There is no hyperesthesia or hypoesthesia and no atrophy of the thenar, hypothenar, or interosseal aspects is appreciated. A request for authorization was submitted for: One MRI for the lumbar spine as an outpatient. A utilization review decision 10-05-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI for the lumbar spine as an outpatient: Overturned**

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

**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- Lumbar and Thoracic Chapter, under MRIs Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

**Decision rationale:** The patient was injured on 04/15/99 and presents with left sided pain in the neck which radiates to the left shoulders and down the left arm. The request is for one mri for the lumbar spine as an outpatient. The utilization review rationale is that "there is no evidence of any acute or compressive radiculopathy involving the lumbar spine." The RFA is dated 09/24/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. MTUS/ ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient has a decreased range of motion in the lumbar spine and is diagnosed with spinal stenosis. There is no indication of any prior MRI of the lumbar spine. The 09/17/15 treatment report states that "in light of his progressive symptoms and inability to stand, walk, bend, and do basic activities of daily living, advanced imaging studies are reasonable and appropriate." Given that the patient has not had a prior MRI of the lumbar spine, the request appears reasonable and is in accordance with guidelines. The request IS medically necessary.