

<b>Case Number:</b>	CM15-0220823		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	08/17/2015
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Emergency 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(n) 47 year old male, who sustained an industrial injury on 8-17-15. The injured worker was diagnosed as having cervical and lumbar strain, lumbar degenerative joint disease at L5-S1 and cervical degenerative joint disease. Subjective findings (9-10-15) indicated cervical and lumbar spine pain. Objective findings (9-10-15) revealed a positive Kemp's test and decreased lumbar and cervical range of motion. As of the PR2 dated 10-8-15, the injured worker reports constant, severe pain in the cervical and lumbar spine. He rates his pain 9-10 out of 10. Objective findings include a positive Kemp's test and decreased lumbar and cervical range of motion. Treatment to date has included physical therapy and Dendracin cream. The Utilization Review dated 10-26-15, non-certified the request for a cervical MRI and a lumbar MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI examination of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Indications for Imaging - MRI (magnetic resonance imaging).

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

**Decision rationale:** The requested MRI examination of the cervical spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond treatment and who would consider surgery an option". The injured worker has cervical and lumbar spine pain. Objective findings (9-10-15) revealed a positive Kemp's test and decreased lumbar and cervical range of motion. As of the PR2 dated 10-8-15, the injured worker reports constant, severe pain in the cervical and lumbar spine. He rates his pain 9-10 out of 10. Objective findings include a positive Kemp's test and decreased lumbar and cervical range of motion. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI examination of the cervical spine is not medically necessary.

**MRI examination of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Indications for Imaging - MRI (magnetic resonance imaging).

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

**Decision rationale:** The requested MRI examination of the lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has cervical and lumbar spine pain. Objective findings (9-10-15) revealed a positive Kemp's test and decreased lumbar and cervical range of motion. As of the PR2 dated 10-8-15, the injured worker reports constant, severe pain in the cervical and lumbar spine. He rates his pain 9-10 out of 10. Objective findings include a positive Kemp's test and decreased lumbar and cervical range of motion. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI examination of the lumbar spine is not medically necessary.