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| <b>Case Number:</b>   | CM15-0222437 |                              |            |
| <b>Date Assigned:</b> | 11/18/2015   | <b>Date of Injury:</b>       | 07/27/2012 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 10/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old female, who sustained an industrial injury on 7-27-2012. The medical records indicate that the injured worker is undergoing treatment for cervicgia and lumbar sprain. According to the progress report dated 9-17-2015, the injured worker presented with complaints diffuse neck and low back pain. The level of pain is not rated. The physical examination of the cervical and lumbar spine is not indicated. The current medications are Naprosyn, Pantoprazole, and Cyclobenzaprine. Previous diagnostic studies include MRI of the lumbar spine (2012). The MRI report demonstrates diffuse bulge of L4-5 with annular fissure, causing mild narrowing of central canal and neural foramina, bilaterally, Mild diffuse bulge of L1-2 and L2-3 without any significant central, Mild diffuse bulge of L3-4 with annular fissure and without any significant canal or neural foraminal narrowing, Mild generalized facet arthropathy. The records indicate an MRI of the cervical spine was completed; however, there is no report available for review. Treatments to date include medication management, physical therapy, acupuncture, and back support. Work status is described as temporarily totally disabled. The original utilization review (10-16-2015) had non-certified a request for 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:

**Cervical and lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Low Back Complaints 2004, Section(s): Initial Assessment, General Approach, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine in the past. The submitted and reviewed documentation indicated the worker was experiencing upper and lower back pain, shoulder pain, thigh pain, neck pain that went into an arm with swelling, and "diffuse" body pain. The documented examinations did not detail findings consistent with an issue involving a specific spinal nerve involving these areas of the back. There was no discussion describing the worker as a candidate for surgery, other supported issues, or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the cervical and lumbar spine regions is not medically necessary.