

<b>Case Number:</b>	CM15-0036672		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female, who sustained an industrial injury on 8/10/12. She has reported neck, low back and right knee. The diagnoses have included cervical radiculitis, lumbar radiculitis and right knee internal derangement. Treatment to date has included physical therapy, anti-inflammatories, right knee arthroscopy with synovectomy and partial medical meniscectomy and occipital nerve block. (MRI) magnetic resonance imaging of lumbar spine performed on 11/26/13 revealed disc desiccation at L3-4 to L5-S1, L3-4 broad based posterior disc protrusion abutting the thecal sac with no significant spinal stenosis, L4-5 central/right paracentral disc protrusion abutting the thecal circumferential disc bulge with a prominent right foraminal/extraforaminal component indenting the thecal sac and causing stenosis of right neural foramen. (MRI) magnetic resonance imaging of cervical spine performed on 11/20/13 revealed disc desiccation at C2-3 to C6-7 with associated loss of disc height at C4-5 and C5-6, broad based disc protrusion at C4-5 and C5-6 causing stenosis of spinal canal and disc protrusion at T2-3 and T3-4. Currently, the injured worker complains of neck pain radiating to right upper extremity, low back pain radiating down right lower extremity and bilateral thighs accompanied by muscle weakness and pain in right wrist and hand. Physical exam dated 1/27/14 noted spasm C4-6 in paraspinal muscles with tenderness upon palpation at bilateral paravertebral C4-6 area, spasm L4-S1 with tenderness upon palpation bilateral paravertebral area and decreased range of motion and tenderness on palpation of right wrist and right knee with decreased range of motion. On 2/6/15 Utilization Review non-certified retrospective (MRI) magnetic resonance imaging of lumbar spine and cervical spine, noting (MRI) magnetic resonance imaging of cervical and

lumbar spine were performed on 11/20/13 and there is no indication of any neurologic progressive deficit or that any other red flag has developed. The MTUS, ACOEM Guidelines, was cited. On 2/26/15, the injured worker submitted an application for IMR for review of retrospective (MRI) magnetic resonance imaging of lumbar spine and cervical spine.

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

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

#### **Retrospective MRI of the lumbar spine DOS: 12/10/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms but there were persistent and worsening neurological symptoms. The orthopedic surgeon was planning in surgery and the last MRI was over a year old. The request for an MRI of the lumbar spine is appropriate and medically necessary.

#### **Retrospective MRI of the cervical spine DOS: 12/10/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms but there were persistent and worsening neurological symptoms. The orthopedic surgeon was planning in surgery and the last MRI was over a year old. The request for an MRI of the cervical spine is appropriate and medically necessary.