

<b>Case Number:</b>	CM15-0040914		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/18/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 60-year-old female, who sustained an industrial injury on 08/18/2007. She reported severe pain to her lower back radiating down the left lower extremity with a cramping sensation to her left lateral thigh. The injured worker is now diagnosed as having severe degenerative disc disease with spinal stenosis L3-4 status post back surgery, left L4 radiculitis, thoracolumbar scoliosis, chronic thoracic pain, chronic cervical pain, and cervical radiculitis. Treatment to date has included back surgery, MRI of the cervical spine, electromyography/nerve conduction studies of the upper extremities, Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, medications. In a progress note dated 01/23/2015, the injured worker presented with complaints of pain in the lumbar region. The treating physician reported requesting back support, physical therapy 3x4 for the cervical area, updated MRI of the cervical spine, updated electromyography/nerve conduction studies of both upper extremities, epidural injections for the neck, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back Chapter, MRI.

**Decision rationale:** The 01/23/15 report the patient presents with constant left sided neck pain radiating to the arms. The patient denies numbness of the upper extremities and has weakness of grip on both sides. She also presents with constant non-radiating lumbar pain s/p lumbar surgery 03/09/11 and 03/1011. The patient's listed diagnoses include: Chronic cervical pain and Cervical radiculitis. The current request is for MRI OF CERVICAL SPINE per the 01/23/15 RFA and report. The patient is to remain off work for 4 weeks. ODG guidelines, Neck and Upper Back Chapter, MRI, states recommended for indications that include: Chronic neck pain following 3 months conservative treatment, normal radiographs, neurologic signs or symptoms. Regarding repeat MRIs ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)" The treating physician does not discuss the reason for this request other than to state it is for an updated MRI. A prior MRI cervical from 08/05/08 is referenced that shows bilateral facet arthropathy with neuroforaminal stenosis moderate to severe at C4-5, C5-6 and C6-7. An EMG/NCS of 11/19/09 is referenced that shows Left C6 through C8 radiculopathy mainly at C7. Cervical examination reveals tenderness to palpation to the left more than right, "scm" trapezii and rhomboids. In this case, clinical evidence of cervical radiculopathy is provided; however, repeat MRIs are reserved for significant change of symptoms and/or findings of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. There is no evidence in the reports provided of such findings for this patient. The request IS NOT medically necessary.

**Back Support:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

**Decision rationale:** Per the 01/23/15 report, the patient presents with constant left sided neck pain radiating to the arms. The patient denies numbness of the upper extremities and weakness of grip on both sides. She also presents with constant non-radiating lumbar pain s/p lumbar surgery 03/09/11 and 03/1011. The patient's listed diagnoses include: Severe DDD with spinal stenosis L3-4, Left L4 radiculitis and Thoracolumbar scoliosis. The current request is for MRI OF CERVICAL SPINE per the 01/23/15 RFA and report. The patient is to remain off work for 4 weeks. ACOEM guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief". ODG Low Back,

Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)". For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The treating physician does not discuss this request in the reports provided for review. There is no evidence of recent back surgery. Guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability, and no evidence is provided of these conditions for this patient. For non-specific LBP evidence is of very low quality. Therefore, the request IS NOT medically necessary.