

<b>Case Number:</b>	CM15-0046558		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/09/2002
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 73-year-old female, who sustained an industrial injury on 1/9/2002. She was diagnosed as having low back pain and right posterior lateral neck pain with right upper arm to lateral just distal to right elbow. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 1/22/2015, the injured worker reported low back pain, right posterior lateral neck pain with right upper arm to lateral just distal to right elbow pain rated as 7-10/10. Physical examination revealed tenderness to palpation of the paracervical, levator scapulae, and medial trapezius and parascapular muscles. Positive levator scapulae and trapezius muscle spasm is detected. There is decreased range of motion of the cervical spine. Spurling's sign is positive for neck pain radiation to the levator scapulae and trapezius muscles. Her gait is mildly antalgic because of the low back pain. There is decreased range of motion upon extension and left lateral bending of the lumbar spine. She is retired. The plan of care-included magnetic resonance imaging (MRI) of the cervical spine and lumbar spine, computed tomography (CT) scans, follow up with pain management, medications and follow up in six weeks. Authorization was requested 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:

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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. There was no plan for surgery. The claimant had prior MRI within the same year for which result were not known. The claimant had unremarkable x-rays of the cervical spine in January 2015. The request for an MRI of the cervical spine is not medically necessary.

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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. There was no plan for surgery. Prior MRI of the lumbar spine as noted in a progress note in 8/2014 indicated degenerative disc changes. There are no acute findings currently. X-rays on the lumbar spine from 1/2015 were unremarkable. The request for an MRI of the lumbar spine is not medically necessary.