

<b>Case Number:</b>	CM15-0054424		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 42-year-old who has filed a claim for chronic low back pain, neck pain, knee pain, headaches, and wrist pain reportedly associated with an industrial contusion injury of March 13, 2014. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve request for lumbar cervical MRIs while approving a pain management consultation. A February 23, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a January 12, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, mid back, and low back pain. Some radiation of low back pain to left leg was noted. The applicant's neck pain complaints reportedly radiated to the shoulders, it was suggested. Sensation and motor function about the upper extremities were intact, the treating provider reported. Portions of the progress note were seemingly truncated. Ultimately, the applicant was kept off of work, on total temporary disability. Lumbar MRI imaging of September 17, 2014 was notable for multilevel disk herniation at L1-L2, L4-L5 and L5-S1, of uncertain clinical significance. MRI imaging of the cervical spine dated September 17, 2014 was notable for multilevel disk desiccation, again of uncertain clinical significance. The applicant also had multiple MRI studies of the shoulders and knees at various points in late 2014. On September 18, 2014, the applicant was placed off of work, on total temporary disability, while 18 sessions of physical therapy and various dietary supplements and topical compounds were endorsed. On February 23, 2015, the applicant reported ongoing complaints of left arm pain and low back pain radiating into the left leg. The attending provider stated that he would order new cervical and

lumbar MRIs on the grounds that he had been unable to obtain receipt of the previously performed cervical and lumbar MRIs. A pain management consultation and rather proscriptive 15-pound lifting limitation were endorsed. It was suggested (but not clearly stated) that the applicant was working with said limitation in place.

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

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

#### **MRI Bilateral Lumbar Spine/Cervical Spine Without Contrast: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 304; 182.

**Decision rationale:** No, the proposed lumbar MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the lumbar MRI in question. The attending provider's progress note of February 23, 2015 made no mention of the applicant's willingness to consider any kind of surgical intervention based on the outcome of the study. Rather, it appeared that lumbar MRI imaging was endorsed for routine evaluative purposes, largely on the grounds that the current treating provider had been unable to obtain the results of the MRI imaging performed at another facility. Therefore, the request was not medically necessary. Similarly, the request for cervical MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is recommended to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicants willingness to pursue any kind of invasive procedure or surgical intervention based on the outcome of the study in question. The multifocal nature of the applicant's pain complaints, which included the neck, low back, left shoulder, and head, further argued against the presence of any clear-cut nerve root compromise referable to the cervical spine. Therefore, the request was likewise not medically necessary. Since both the cervical and lumbar MRI components of the request were not indicated, the request was not medically necessary.