

<b>Case Number:</b>	CM15-0060936		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/14/2001
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 56 year old female, who sustained an industrial injury on 8/14/01. She reported initial complaints of having neck pain and low back pain. The injured worker was diagnosed as degenerative disc disease and degenerative joint disease of C4-5 and C5-6, lesser degree to C3-4 and C6-7, status post fusion at C4-5 and C5-6; disc herniation at L4-5; and chronic pain syndrome to neck, lower back, and left hip. Treatment to date has included medications, conservative measures, chiropractic care, surgery (cervical fusion in 2004 and shoulder surgery for adhesive capsulitis/radiculitis in 2006, 2007). MRI results were performed on 9/14/11. Currently, the injured worker complains of chronic pain in the neck and upper back that extended into the top of the left shoulder as well as the lower back and rated the pain as 6/10. Per the primary physician's progress report (PR-2) from 1/20/15 the examination noted decreased range of motion of the cervical spine and lumbar spine due to pain. There was cervical tenderness and paraspinal muscle spasms. There was also positive trapezial tenderness and spasms. Deep tendon reflexes are 1+ in the upper extremities and 2+ in the knees and hypoactive in the ankles. Current plan of care included MRI of the cervical spine and MRI of the lumbar spine.

### 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 Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Indications for MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. 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 criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult with nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are degenerative disc disease at C4 - C5 and C5- C6 and to a lesser degree at C3 - C4 and C6 - C7; status post fusion at C4 - C5 and C5 - C6; disc herniation at L4 - L5 and chronic pain syndrome to the neck, lower back and left hip. A QME dated March 19, 2012 shows the injured worker had a prior cervical spine MRI and lumbar spine MRI. MRI of the cervical spine showed two-level pathology. The injured worker underwent two level cervical fusion in 2004. The injured worker had epidural steroid injections to the cervical spine and lumbar spine. 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 most recent progress note dated January 20, 2015 shows the injured worker has chronic neck pain, upper back and low back pain. Objectively, there are no neurologic abnormalities documented in medical record. There are no significant changes in symptoms and or objective findings suggestive of significant pathology. Additionally, there are no red flags or physiologic evidence of tissue insult with nerve impairment. Consequently, absent compelling clinical documentation with significant changes in symptoms and/or objective findings suggestive of significant pathology, (repeat) MRI cervical spine is not medically necessary.

## **MRI of the lumbar spine:** 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, MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs are the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are degenerative disc disease at C4 - C5 and C5 - C6 and to a lesser degree at C3 - C4 and C6 - C7; status post fusion at C4 - C5 and C5 - C6; disc herniation at L4 - L5 and chronic pain syndrome to the neck, lower back and left hip. A QME dated March 19, 2012 shows the injured worker had a prior cervical spine MRI and lumbar spine MRI. MRI of the lumbar spine September 14, 2011 show mild multifactorial acquired canal stenosis and L4- 5 and L 3-4. The findings that L3 - L4 has slightly progress. (Prior MRI) 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 most recent progress note dated January 20, 2015 shows the injured worker has chronic neck pain, upper back and low back pain. Objectively, there are no neurologic abnormalities documented in medical record. There are no significant changes in symptoms and or objective findings suggestive of significant pathology. Additionally, there are no red flags or physiologic evidence of tissue insult with nerve impairment. Consequently, absent compelling clinical documentation with significant changes in symptoms and/or objective findings suggestive of significant pathology, (repeat) MRI lumbar spine is not medically necessary.