

<b>Case Number:</b>	CM15-0085755		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: 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 50 year old female, who sustained an industrial injury on 9/17/2014. She reported injuries to her neck, upper and lower back, head and face after being assaulted by a patient. Diagnoses have included facial contusions and lacerations, cervical sprain/strain with myospasms, thoracic and lumbar spine sprain/strain, left arm contusion, headaches, closed head trauma with loss of consciousness, left shoulder osteoarthritis of the acromioclavicular joint, left shoulder supraspinatus and infraspinatus tendinosis, left shoulder effusion, left shoulder subacromial and subdeltoid bursitis and left shoulder subcortical cyst. Treatment to date has included acupuncture and medication. Magnetic resonance imaging (MRI) of the lumbar spine from 1/7/2015 showed disc desiccation at L1-L2 to L5-S1 and disc herniation at L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1. Magnetic resonance imaging (MRI) of the cervical spine dated 11/6/2014 showed disc desiccation C2 through T1, reversal of cervical lordosis and broad based disc herniation C5-6. According to the progress report dated 3/31/2015, the injured worker complained of persistent neck, left shoulder, arm and low back pain with radiation down her left leg. She also stated that she had severe headaches about once a month along with vomiting. It was noted that the orthopedic surgeon recommended magnetic resonance imaging (MRI) of the cervical and lumbar spine and that the injured worker had completed MRI of the cervical and lumbar spine in November 2014. Exam of the cervical spine revealed tenderness to palpation with spasms of the upper trapezius muscles bilaterally. There was limited range of motion due to pain. Exam of the thoracolumbar spine revealed tenderness to palpation with spasms of the thoracic and lumbar paraspinals as well as tenderness to palpation of the bilateral sacroiliacs. There was positive sitting root and straight leg raise. Exam of the left shoulder revealed tenderness to palpation with spasms and positive Impingement and Apprehension sign. The

injured worker was temporarily totally disabled. Authorization was requested for magnetic resonance imaging (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:

**Cervical Spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. 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:** This patient receives treatment for chronic neck and low back pain. This relates to a work-related injury on 09/17/2104 when the patient received contusions from a client while performing her job. An MRI of the C-spine on 11/06/2014 showed a 2 mm disc bulge at C5-C6. The patient symptoms and physical exam do not reveal any radicular pathology. The clinical diagnoses include cervicogenic headaches, axial neck pain, and neck sprain. This review addresses a request for another MRI of the c-spine. The treatment guidelines advise an MRI of the c-spine in cases where surgery is planned after all conservative measures have been exhausted. This is not documented. An MRI might be indicated if there are clinical red flags, such as, primary or metastatic disease of the spine, osteomyelitis, or discitis of the spine. None of this is documented. The request for an MRI of the c-spine is not medically necessary.

**Lumbar Spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This patient receives treatment for chronic neck and low back pain. This relates to a work-related injury on 09/17/2104 when the patient received contusions from a client while performing her job. An MRI of the lumbar spine on 01/18/2015 shows some canal stenosis and 2.7 mm disc bulging. The physical exam does not show loss of sensation or reflexes. The rationale for another MRI imaging of the lumbar spine is not clear. A lumbar MRI may be indicated prior to lumbar surgery after all conservative measures to treat radicular pathology have been exhausted. It may also be indicated if there are clinical red flags, such as, findings suggestive of primary or metastatic cancer, discitis, or osteomyelitis. There is no documentation to support this. Another lumbar MRI is not medically necessary.

