

<b>Case Number:</b>	CM14-0139312		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year old female who reported an injury on 07/08/2014. The mechanism of injury was due to a fall out of a chair. The injured worker had diagnoses including cervical strain and right lumbar radiculopathy. Past medical treatment included heat and cold therapy, medications, modifying activities, and stretching exercises. Diagnostic studies included x-ray of the right humerus, CT of the cervical spine without contrast, CT of the brain without contrast, and an x-ray of the cervical spine with flexion and extension views which revealed no fractures. No subluxation with flexion or extension was noted. There was evidence of mild chronic cervical degeneration disc disease at C6-7 level. The CT scan of the cervical spine performed on 07/08/2014 was noted to be normal. Surgical history was not provided in the medical records. The clinical note dated 08/13/2014 revealed the injured worker had now developed neurological signs and symptoms of the lower extremities consistent with radiculopathy and sciatica in the right lower extremity. The injured worker complained of neck and lower back pain. Physical examination findings included trapezius muscle tenderness, restricted cervical range of motion, and a positive Spurling's maneuver. The injured worker was noted to have sensory loss, motor weakness on dorsiflexion of the right foot, and decreased knee jerk reflex on the right. Medications included Diclofenac Sodium. The treatment plan included a request for decision for MRI of the cervical spine and decision for MRI of the lumbar spine. The rationale for the request for the decision for MRI of the cervical spine was due to the injured worker's persistent paresthesias in the right hand. The request for authorization was not provided within the medical records.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

**Decision rationale:** The request for an MRI of the cervical spine is not medically necessary. The injured worker complained of neck and lower back pain. The California MTUS/ACOEM Guidelines state the criteria for ordering imaging studies includes: the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. For true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. There is no indication of any significant neurological deficits on physical examination to support the request for additional imaging of the cervical spine. There is no indication of the emergence of a red flag, physiologic evidence of tissue insult, failure to progress in a strengthening program, or the intent to undergo an invasive procedure. As such, the request is not medically necessary.

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

**Decision rationale:** The request for an MRI of the lumbar spine is not medically necessary. The injured worker complained of neck and lower back pain. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. However, it is also stated that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering imaging studies. The documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.