

<b>Case Number:</b>	CM14-0164400		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 sustained a work related injury on December 7, 2012, while as a field supervisor pulling toilets from the field, there was a sudden sharp pain in the neck, right shoulder, arm, and lower back. A comprehensive physiatry pain management report dated August 26, 2014, noted the injured worker reported a flare up of neck, back, and shoulder pain symptoms. The recommendations included a second opinion by a neurologist, with release to modified work. On September 10, 2014, the neurologist noted the injured worker with right arm, right shoulder, and back pain, with pain radiating down both legs. Physical examination was noted to show limited neck motion, tender Cervical 5-6, depressed left ankle jerk, and difficulty walking secondary to back pain. The diagnoses were noted as cervical radiculopathy, cervical prolapse with radiculopathy, lumbar radiculopathy, and lumbar disc prolapse with radiculopathy. The neurologist's impression was that it was imperative that additional testing be done to rule out the cervical 5-6 disc in the cervical area, and to delineate the lumbar spine problem. On September 30, 2014, Utilization Review evaluated the September 19, 2014, request for a repeat lumbar magnetic resonance imaging (MRI), citing MTUS American College of Occupational and Environmental Medicine (ACOEM), and the Official Disability Guidelines. The UR physician noted that the injured worker had an MRI dated August 3, 2013, which revealed facet arthrosis. The Physician noted that the state mandated guidelines suggested that a repeat MRI is reserved for cases with progressive neurological deficits. The UR Physician noted there had been no recent examination to support residual deficits, and no comparison examinations to show evidence of progressive deficits from the injured worker's baseline status. The UR Physician noted that medical necessity had not been established for a repeat MRI, with the recommendation for non-certification. The decision was subsequently appealed to Independent Medical Review.

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

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

**Repeat MRI, (Lumbar):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition Low Back Chapter, Subheading MRI

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, MRI

**Decision rationale:** Record of September 10, 2014, indicates the neurologist noted the injured worker with right arm, right shoulder, and back pain, with pain radiating down both legs. Physical examination was noted to show limited neck motion, tender Cervical 5-6, depressed left ankle jerk, and difficulty walking secondary to back pain. The depressed ankle jerk is a new (progressive) neurologic change compared to previous reported physical examination. However, the medical records do not report further conservative care of at least 1 month or indicate suspicion of cancer or infection or other red flags. Official Disability Guidelines (ODG) guidelines support imaging for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. As such the medical records provided for review, do not support repeat imaging at this time.