

<b>Case Number:</b>	CM14-0213230		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Maryland, District of Columbia  
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 employee sustained a work place injury in 2011. Her diagnoses included lumbago and cervicgia. The request was for outpatient MRI of lumbar spine and cervical spine. The MRI report from 09/04/13 showed degenerative disc disease and facet arthropathy with retrolisthesis L3-L4, L4-L5 and L5-S1 and neural foraminal narrowing including L3-L4 caudal left and L4-L5 mild right, mild to moderate left neural foraminal narrowing. The MRI of the cervical spine showed degenerative disc disease with retrolisthesis, C5-C6, with C4-5 and C5-6 mild canal stenosis noted. No other clinical notes were available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective MRI of the lumbar spine dated 9/3/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The employee sustained a work place injury in 2011. Her diagnoses included lumbago and cervicgia. The request was for outpatient MRI of lumbar spine and cervical spine. The MRI report from 09/04/13 showed degenerative disc disease and facet arthropathy with retrolisthesis L3-L4, L4-L5 and L5-S1 and neural foraminal narrowing including L3-L4 caudal left and L4-L5 mild right, mild to moderate left neural foraminal narrowing. The MRI of the cervical spine showed degenerative disc disease with retrolisthesis, C5-C6, with C4-5 and C5-6 mild canal stenosis noted. No other clinical notes were available for review. The ACOEM guidelines recommend an MRI for individuals with evidence of nerve compromise upon neurologic examination and individuals who failed to respond to treatment and would consider surgery if offered. In this case, the scant medical records have no information on current symptoms, prior treatments and signs. The request for an MRI lumbar spine and MRI cervical spine are not medically necessary and appropriate.

**Retrospective MRI of the cervical spine dated 9/3/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The employee sustained a work place injury in 2011. Her diagnoses included lumbago and cervicgia. The request was for outpatient MRI of lumbar spine and cervical spine. The MRI report from 09/04/13 showed degenerative disc disease and facet arthropathy with retrolisthesis L3-L4, L4-L5 and L5-S1 and neural foraminal narrowing including L3-L4 caudal left and L4-L5 mild right, mild to moderate left neural foraminal narrowing. The MRI of the cervical spine showed degenerative disc disease with retrolisthesis, C5-C6, with C4-5 and C5-6 mild canal stenosis noted. No other clinical notes were available for review. The ACOEM guidelines recommend an MRI for individuals with evidence of nerve compromise upon neurologic examination and individuals who failed to respond to treatment and would consider surgery if offered. In this case, the scant medical records have no information on current symptoms, prior treatments and signs. The request for an MRI lumbar spine and MRI cervical spine are not medically necessary and appropriate.