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| <b>Case Number:</b>   | CM14-0055469 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 06/12/2009 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 03/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2014 |

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 following clinical case summary was developed based on a review of the case file, including all medical records: The patient is a 57-year-old male who has submitted a claim for lumbar intervertebral disc displacement without myelopathy and lumbar herniated disc associated with an industrial injury date of June 12, 2009. Medical records from 2010 to 2014 were reviewed. The patient complained of low back pain rated 6 to 7/10 in severity. Physical examination showed weakness of ankle plantarflexors and dorsiflexors bilaterally rated 4+/5, diminished sensation at L4 and L5 dermatomes bilaterally and negative Waddell signs. Treatment to date has included anterior cervical discectomy and fusion of C5 to C6 in January 2010, physical therapy and medications. The utilization review from March 26, 2014 denied the request for MRI of the cervical spine because the medical record submitted showed that the patient complained of low back pain rather than neck pain.

### 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): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, there are no subjective complaints and objective findings pertaining to the cervical spine. It is unclear why imaging of the cervical spine is requested at this time. The medical necessity has not been established due to insufficient information. Therefore, the request for MRI of the cervical spine is not medically necessary.