

<b>Case Number:</b>	CM15-0117279		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/16/2007
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, North Carolina

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 41 year old female who sustained an industrial injury on 09/16/2007 when a co-worker accidentally bumped into her and she fell. The injured worker was diagnosed with displacement of lumbar intervertebral disc without myelopathy, cervicgia and shoulder joint pain. The injured worker is status post a L4-5 lumbar fusion in 2010. Recent diagnostic testing includes bilateral upper electrodiagnostic studies on May 4, 2015, lumbar magnetic resonance imaging (MRI) in December 2014 and a lumbar Computed Tomography (CT) in November 2014. Treatment to date has included diagnostic testing, surgery, physical therapy, acupuncture therapy, sacroiliac (SI) joint injections, epidural steroid injection, pelvic physical therapy, home exercises and medications. According to the primary treating physician's progress report on May 20, 2015, the injured worker continues to experience neck pain with right upper extremity pain to the right hand/wrist and lower back pain with radiation into the bilateral lower extremities. The injured worker also reports increasing left hip pain, urinary frequency and incontinence. Examination demonstrated decreased right upper extremity motor strength and decreased right hand grip. There was tenderness noted of the spinous process of C6 and C7 and increased pain with range of motion. There was tenderness to palpation of the paravertebral muscles on the right side. The trapezius muscle on the right was noted to be tender and hypertonic. Deep tendon reflexes were within normal limits bilaterally. Current medications are listed as Buprenorphine sublingual, Bupropion, Lactulose, Pantoprazole, Senekot, Diclofenac topical cream and Lidocaine topical analgesics. Treatment plan consists of hand physical therapy, surgical follow-up, urological follow-up, home exercises and the

current request for magnetic resonance imaging (MRI) of the spine and cervical area.

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

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

**MRI of the spine and cervical area:** Upheld

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

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

**Decision rationale:** CA MTUS does not address repeat MRIs. In this case the patient claims she was injured in 2007 when another employee accidentally bumped into her causing her to lose her balance and fall, landing on her buttocks. She was then diagnosed with lumbar intervertebral disc disease, cervicalgia and shoulder joint pain. Eight years later, despite numerous therapy modalities, the patient continues to complain of neck pain, right upper extremity pain, low back pain, left hip pain and urinary frequency and incontinence. The request is for a repeat cervical MRI. The claimant has had previous cervical MRIs on 5/5/2009 and 7/10/2011 that were unremarkable. There is no evidence submitted that there has been a significant change in symptoms or findings suggestive of significant pathology in the cervical spine. Specifically, there is no evidence of tumor fracture, neurocompression or recurrent disc herniation. Therefore the request is not medically necessary.