

<b>Case Number:</b>	CM15-0123889		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 58-year-old female who sustained an industrial injury 08/22/2010. Diagnoses/impressions include cervical myofascial pain with possible left C6 radiculopathy, status post C5 through C7 fusion; increasing bony prominence over the sternoclavicular joint; increasing symptoms and weakness in the right C5-C6 dermatomes; and evidence of L4-L5 annular tear and mild left L5 radiculopathy. Treatment to date has included medications, physical therapy, cervical traction and home exercise program. According to the progress notes dated 5/20/15, the IW reported increased mid back and low back pain since gallbladder surgery. Her surgeon told her it could take six weeks to feel better. On examination, there was mild tenderness over the right Erb's point. Cervical spine range of motion was 70% of normal on left and right rotation, with pain. Spurling's caused symptoms in the bilateral upper extremities, worse on the left. Sitting straight leg raise was positive bilaterally. Motor strength of the ankle muscles was 5-/5 on the left and 5/5 on the right. A request was made for MRI of the lumbar spine without contrast to rule out increased L2-L3 disc protrusion due to increasing left leg weakness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back - Lumbar & Thoracic. MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with increased mid back and low back pain since gallbladder surgery. The current request is for MRI of the lumbar spine without contrast. The treating physician states, in a report dated 05/20/15, "I also requested cervical MRI including the right brachial plexus and the LS spine without contrast to rule out increased L2-L3 disk protrusion." (8B) The MTUS guidelines are silent in regard to MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The treating physician, in the documents available for review, has not presented any evidence of any progressive neurological deficit or red flags. There are no radicular symptoms noted. There is no report of spine trauma or myelopathy, there is only a report of increased mid back and low back pain since gallbladder surgery. There are no current neurologic deficits, no red flags and the ODG guidelines do not recommend MRI scans without at least one month of conservative therapy. The current request is not medically necessary.