

<b>Case Number:</b>	CM15-0072186		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/25/2000
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female who sustained an industrial injury on 08/25/2000. Current diagnoses include lumbago, cervical radiculitis, and cervical post-laminectomy syndrome. Previous treatments included medication management, cervical fusion, epidural steroid injection, and physical therapy. Previous diagnostic studies include an MRI. Initial complaints included injuries to her neck and back. Report dated 02/16/2015 noted that the injured worker presented with complaints that included constant neck pain with radiation to the left upper extremity with numbness and weakness, and low back pain that radiates to the left lower extremity with numbness. Pain level was 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included review of previous MRI, maintain current medications, urine drug screening, and follow up in 14 days. Disputed treatments include an MRI of the cervical and lumbar spine without contrast. Notes indicate that the patient has undergone previous MRIs in 2009 and the patient has been referred for cervical epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the cervical and lumbar spine without contrast:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 35.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 176-177, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI, Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Regarding the request for repeat cervical/lumbar MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation the requested cervical/lumbar MRI is not medically necessary.