

<b>Case Number:</b>	CM15-0079943		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

### 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 59 year old male, who sustained an industrial injury on 1/25/08. The injured worker has complaints of neck pain that radiates to the shoulders and arms with occasional numbness and tingling in the arms. The injured worker has complaints of low back pain and discomfort that radiates down the bilateral thigh, leg and foot. The diagnoses have included cervical spine sprain/strain syndrome; cervical radiculopathy secondary to disc protrusion at the C3-C4, C4-C5, C5-C6 and C6-C7 levels bilaterally; lumbar spine sprain/strain syndrome and status post lumbar stabilization surgery. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and cervical spine; lumbar spine surgery in 2009; right lumbar transforaminal L3-L4 and L4-L5 epidural injection on 9/8/11 and pain medications. The request was for magnetic resonance imaging (MRI) of the cervical spine, thoracic spine and right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI- Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

**Decision rationale:** Symptoms and clinical findings have remained unchanged for this chronic injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI- Cervical Spine is not medically necessary and appropriate.

**MRI- Thoracic Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, pages 303-304.

**Decision rationale:** ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-correlating neurological findings without specific deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI- Thoracic Spine is not medically necessary and appropriate.

**MRI- Right Hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Online Version, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip, MRI (magnetic resonance imaging), page 254.

**Decision rationale:** There are no x-rays of the hips for review. Guidelines states that most hip problems improve quickly once any red-flag issues such as tumors, osteonecrosis, occult acute fracture are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of pain symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for the imaging study. The MRI- Right Hip is not medically necessary and appropriate.