

Case Number:	CM13-0011214		
Date Assigned:	06/06/2014	Date of Injury:	02/22/2012
Decision Date:	12/09/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of February 22, 2012. In a Utilization Review Report dated August 6, 2013, the claims administrator denied a request for lumbar MRI imaging, noting that it was basing it position on non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. In an emergency department note dated August 18, 2013, the applicant reported ongoing complaints of shoulder pain, low back pain, mid back pain, and neck pain. It was stated that the applicant explicitly denied radiation of pain to or weakness in either upper or lower extremities. The applicant presented with complaints of muscle tightness, it was suggested. It was stated that the applicant had had a full physical in July 2013 through his personal physician with laboratory testing and other workup, which demonstrated "no signs of recurrent CML." The applicant had reportedly had a history of chronic myelogenous leukemia, which was reportedly in remission, with recent testing in July 2013 apparently negative for any evidence of recurrent disease. The applicant exhibited a normal gait on neurologic exam. The applicant was asked to move all extremities symmetrically. It was stated in one section that the applicant was "in no acute distress" while another section it was stated that the applicant appeared "uncomfortable." X-rays of multiple body parts were noted, including x-rays of the lumbar spine, cervical spine, and thoracic spine, all of which were reportedly negative. The applicant was asked to obtain a second opinion consultation and consider possible MRI. A 15-pound lifting limitation was endorsed. It was not clear whether the applicant was working with said limitation in place. The applicant was given prescriptions for Flexeril, Colace, and Percocet. In a progress note dated September 6, 2013, the applicant reported ongoing complaints of diffuse back pain. Percocet was offering the applicant moderate relief, it was noted. It was stated that the applicant denied

any weakness. The attending provider noted that the applicant did not have any issues with significant cervical or thoracic stenosis. The attending provider stated that a previous lumbar MRI dated April 4, 2012, also failed to rule out any significant stenotic lesion. The applicant had no clear neurologic deficits on exam. The applicant reportedly had a history of leukemia. The attending provider stated, however, that the applicant's diffuse back symptoms were function of chronic soft tissue pain. It was stated that the applicant did not require any surgical intervention. The applicant then transferred care to a pain management specialist. In a September 5, 2013 progress note, it was acknowledged that the applicant was not working.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reversed for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, several of the applicant's treating providers have acknowledged that the applicant is not a surgical candidate, does not have any focal deficits on neurologic exam involving either lower extremity. Lumbar MRI imaging here would seemingly serve a largely academic purpose, as the applicant did not appear to have any active intent of acting on the results of the proposed lumbar MRI and/or consider any kind of surgical intervention, regardless of the results of the same. Therefore, the request is not medically necessary.

MRI of the cervical spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders; section on Magnetic Resonance Imaging.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, ACOEM qualifies its recommendation by noting that such testing is needed only if an invasive procedure is being contemplated. Here, however, there was no mention that the applicant is actively considering or contemplating any kind of invasive procedure involving the cervical spine. The applicant's spine surgeon apparently explicitly noted on September 6, 2013 that the applicant was

not a candidate for any kind of surgical intervention. An emergency department note of August 18, 2013, furthermore, suggested that the applicant had no evidence of recurrent leukemia and had had an exhaustive workup for the same through his/her personal physician in July 2013. It was not clear why MRI imaging was being sought, as the applicant was not a "surgical candidate" and had already been reportedly worked up extensively for suspected tumor recurrence some one month prior, in July 2013. Therefore, the request is not medically necessary.

MRI of the thoracic spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders; section on Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the requesting provider explicitly acknowledged that the applicant was not a candidate for any kind of surgical intervention involving the thoracic spine or, for that matter, to the lumbar or cervical spines. The applicant had already had a reportedly extensive, thorough and negative workup for tumor recurrence in July 2013. It is not clear why MRI imaging of the thoracic spine was sought. No compelling case for thoracic MRI imaging, thus, has been established here. Therefore, the request was/is not medically necessary.