

Case Number:	CM13-0041901		
Date Assigned:	12/20/2013	Date of Injury:	02/04/1994
Decision Date:	04/22/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient presents with chronic neck and low back pain. The treating physician has asked for another set of the MRI of the lumbar spine. However, review of the reports, particularly the AME report from 05/27/2009 shows that the patient has had MRIs of the lumbar spine on 10/21/2001, 11/11/2003, 04/18/2006, 10/24/2006, and 11/03/2008. The treating physician has not reviewed any of these MRIs that were obtained previously. Given that these MRIs were referenced by the AME on year 2009, it is very possible that the patient has had updated other MRIs of the lumbar spine. Review of the reports from [REDACTED] are handwritten, and they did not make reference to any recent MRIs. Other reports provided on this file that include 594 pages, do not include all of the reports of the lumbar MRI. However, there are MRI reports from 11/03/2010 and 03/23/2011. The last MRI from 03/23/2011 showed annular tears at L4-L5 and L5-S1, minimally diffused disk bulge at these levels. Given that this patient has already had multiple MRIs, it is not known why another set is required. ACOEM Guidelines do not apply as this patient suffers from chronic pain. ODG Guidelines do support MRI of the lumbar spine prior to lumbar surgery, for progressive neurologic deficit, myelopathy, etc. This patient does not present with any of these conditions. Furthermore, the patient has had a number of MRIs already. Recommendation is for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI WITHOUT CONTRAST OF THE 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 Page(s): 177-178. Decision based on Non-MTUS Citation MTUS: American College of Occupational and Environmental Medicine (ACOEM), Imaging studies , 177, 178

Decision rationale: This patient presents with chronic neck pain with radiation into the upper extremities. The patient had cervical fusion at C5-C6 on 04/10/2002. The request is for MRI of the cervical spine. However, review of the reports indicated that the patient has had a number of MRI of the cervical spine following neck surgery. The reference to MRIs is found on AME report on 05/27/2009. In this report, there were MRI of the C-spine had taken on 07/13/2002, 03/13/2004, 03/01/2005, 11/01/2005, 10/26/2006, and 11/07/2007. [REDACTED] is a new treating physician, and he would like to get a fresh set of MRI of the C-spine. ACOEM Guidelines do not apply as this patient has chronic neck problems. ODG Guidelines do recommend MRI of the C-spine for neurologic signs and symptoms. However, in this patient, patient has had at least 6 sets of MRIs following the patient's neck surgery. Currently, there is no evidence of new injury, progressive neurologic deficit, aggravation of the symptoms, or any significant change in the symptoms to warrant another set of the MRI. Recommendation is denial. 2. 1 MRI WITHOUT CONTRAST OF THE LUMBAR SPINE IS

1 MRI WITHOUT CONTRAST OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK.

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician has asked for another set of the MRI of the lumbar spine. However, review of the reports, particularly the AME report from 05/27/2009 shows that the patient has had MRIs of the lumbar spine on 10/21/2001, 11/11/2003, 04/18/2006, 10/24/2006, and 11/03/2008. The treating physician has not reviewed any of these MRIs that were obtained previously. Given that these MRIs were referenced by the AME on year 2009, it is very possible that the patient has had updated other MRIs of the lumbar spine. Review of the reports from [REDACTED] are handwritten, and they did not make reference to any recent MRIs. Other reports provided on this file that include 594 pages, do not include all of the reports of the lumbar MRI. However, there are MRI reports from 11/03/2010 and 03/23/2011. The last MRI from 03/23/2011 showed annular tears at L4-L5 and L5-S1, minimally diffused disk bulge at these levels. Given that this patient has already had multiple MRIs, it is not known why another set is required. ACOEM Guidelines do not apply as this patient suffers from chronic pain. ODG Guidelines do support MRI of the lumbar spine prior to lumbar surgery, for progressive neurologic deficit, myelopathy, etc. This

patient does not present with any of these conditions. Furthermore, the patient has had a number of MRIs already. Recommendation is for denial.

1 X-RAY OF THE CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 177-178.

Decision rationale: This patient presents with chronic neck pain with history of cervical fusion at C5-C6. The current treating physician has asked for x-ray of the C-spine. Despite review of 594 pages of reports provided, I did not see reference to a recent x-rays. Given that the patient has had cervical fusion at C5-C6, a set of x-rays to the cervical spine would be reasonable. Reviewing medical records, AME report on 05/27/2009 make reference to x-rays from 2004. X-rays of the cervical spine is supported by ACOEM Guidelines for evaluation of surgical status or fusion. Recommendation is for authorization.

1 X-RAY OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

Decision rationale: This patient presents with persistent low back pain with some radiation down the lower extremity. The provider has asked for x-rays of the lumbar spine. However, this patient has had an MRI of the lumbar spine on 03/23/2011 with bulging disk findings only. ODG Guidelines recommend plain x-rays of the lumbar spine for possible neurologic deficit from trauma, fractures, steroids, osteoporosis, age over 70, and for uncomplicated low back pain, suspicion of cancer infection. This patient does not present with any of these conditions. Recommendation is for denial.