

Case Number:	CM13-0042053		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2011
Decision Date:	02/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 53 YO male with a date of injury of 07/01/2011. The listed diagnoses per [REDACTED] dated 09/18/2013 are: 1. Difficulty walking 2. Lumbar disc herniation without myelopathy 3. Lumbar Degenerative joint disease 4. Lumbago 5. Lumbar myospasm 6. Lumbar spinal stenosis According to report dated 09/18/2013 by [REDACTED], patient presents with right-sided neck, back and buttock pain rated as 10/10. Pain is described as radiating into hip, thigh and knee, associated with weakness and numbness. Examination of the cervical spine showed tenderness to palpation and guarding noted over the paravertebral region bilaterally. There was tenderness noted over sternocleidomastoid muscles bilaterally. Sensory examination revealed decreased sensation at C4-C5 dermatomes. Examination of lumbar spine showed slight lumbar lordosis. Tenderness to palpation with guarding and spasm noted over the paravertebral region, vertebral region and posterior iliac bilaterally. Heel-walk, toe-walk and Supine SLR tests were positive. This patient is also being treated by [REDACTED] (PTP). Progress report dated 08/26/2013 by [REDACTED] states patient complains of persistent flare-ups of his lower back pain with numbness/tingling radiating into his right lower extremity and into his right foot. Report notes that patient has completed his physical therapy, which was of no significant benefit. X-ray of lumbar spine performed August 2012 demonstrated disc space narrowing at L3-L3 and L4-L5 and spondyloisthesis. MRI of the lumbar spine performed April 2012 demonstrated multi-level degenerative changes and degenerative disc disease. Treater requests cervical and lumbar spine MRIs to rule out disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 177-178. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG)

Decision rationale: This patient presents with right-sided neck, back and buttock pain rated as 10/10. Patient's PTP [REDACTED] indicates in reports dated 04/24/2013 to 08/26/2013 that patient continues with upper back pain that radiates into C4-C5 dermatomes; The request is for C-spine MRI. Despite review of all the reports provided, there is no mention of prior MRI of C-spine. ACOEM guidelines recommend specialized studies with failure of conservative care and physiologic evidence of tissue insult or neurologic deficit. This patient has significant radiating symptoms into the arms, evidence of nerve root irritation/insult at the C-spine level. Given that the patient has never had an MRI of C-spine recommendation is for authorization. This patient presents with right-sided neck, back and buttock pain rated as 10/10. Patient's PTP [REDACTED] indicates in reports dated 04/24/2013 to 08/26/2013 that patient continues with upper back pain that radiates into C4-C5 dermatomes; lower back pain was noted to radiate into right lower extremities. [REDACTED] refers patient to spine specialist [REDACTED], whom on examination finds patient to have severe (10/10) upper and lower back pain that radiates into the upper arms and lower left extremities. [REDACTED] requests an MRI of the lumbar and cervical spine. Utilization letter dated 10/11/2013 denied request for lumbar and cervical MRI stating, "While the patient complains of radiating back pain, medical information submitted for review does not indicate any presence of red flags." ACOEM guidelines has the following criteria for ordering imaging studies (pg 177,178): Criteria for ordering imaging studies for the neck include emergence of red flag, physiologic evidence, and failure of physical therapy and clarification of the anatomy prior to an invasive procedure. In regards to the lumbar MRI, ODG guidelines provides a good discussion. ODG recommends obtaining an MRI for "uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit." This patient already had an MRI of L-spine in April of 2012 that showed only degenerated disc disease. Since then, there were no new injuries, no significant deterioration neurologically, and no evidence for potential surgical intervention. Recommendation is for denial of the requested MRI L-spine.