

Case Number:	CM13-0066232		
Date Assigned:	01/17/2014	Date of Injury:	07/01/2007
Decision Date:	06/13/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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:

This is a 55-year-old male who has reported neck and back pain after an injury on 7/1/07. He has been diagnosed with disc disease, spinal stenosis, and radiculopathy. The treatment has included medications, injections, physical therapy, and chiropractic. The claimant had MRI of the cervical and lumbar spine in the past apparently in 2012. There was neurological consultation on 11/12/13 with diagnosis of cervical disk herniation with neck pain or radiculopathy and lumbar stenosis with low back pain and radiculopathy. MRI of the lumbar spine had in 2012 revealed stenosis at L3-L4 and MRI of the cervical spine in 2012 revealed C5-C6 HNP. The patient is complaining of pain into both upper extremities in a non-dermatomal distribution with sensory symptomatology and low back pain with radiation to the both legs. He is a smoker. Motor power was normal. Upper motor neuron signs were absent. DTRs were $\hat{A}^{1/4}$ and symmetrical. Hoffmann was absent. Sensations were symmetrical. On 1/4/14 and 11/12/13 the treating surgeon noted worsening symptoms and prescribed new MRIs, as he stated that these were necessary to determine the need for surgery. Symptoms included pain and radiating paresthesias in the neck and low back. There was limited range of motion of the neck and low back. Neurological deficits were not present other than decreased sensation in the bilateral C8-T1 dermatomes. At visits with the primary treating physician on 12/5/13 and 12/23/13, the injured worker is reported to have widespread pain, including the neck, back, shoulders, knees, ankles, and hips. Prior reports list the same symptoms. The only neurological deficits are associated with the cubital tunnel and ulnar neuropathy. A pain management physician report from 2/15/13 notes upper back pain without radiation, duration of 5 years. Norco, Valium, and Soma are prescribed. On 1/15/13 this physician noted joint pain and swelling for years, with affected areas including the back, knees, and shoulder. Depression and fatigue are present. On 11/27/13, utilization review non-certified a cervical and lumbar MRI, noting the results of prior MRIs, the California MTUS

recommendations, and the non-specific current findings. There was no evidence of progressively worsening pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (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): 177-178.

Decision rationale: Per the California MTUS citation above, imaging studies are recommended for "red flag" conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions. This injured worker has had years of widespread pain, with prior MRIs not showing a source, and other testing also not showing specific pathology. The current symptoms are non-specific and similar to those which have been present for years. It is clear from reviewing the other treating physician reports (not the surgeon's report), that this injured worker has much more widespread and non-specific symptoms than one might assume from the surgeon's report alone. There are no MRI findings of the spine which can account for the widespread pain, and any proposed surgery would not address this kind of pain. A more complete evaluation would be necessary prior to any contemplation of surgery, and this would have to include a full review of prior testing, prior symptoms, and the psychological status of this injured worker. The MRI is not medically necessary based on the lack of indications as discussed in the MTUS, the lack of a complete evaluation by the surgeon, the prior MRIs which did not show specific pathology to account for the symptoms, and the lack of any likely spine procedure which would address the widespread pain.

MAGNETIC RESONANCE IMAGING (MRI) LUMBAR 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): 290, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Repeat MRI.

Decision rationale: The treating physician has not described the clinical evidence of significant pathology, such as "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination". No "red flag" conditions are identified. The treating physician has not provided an adequate clinical evaluation, as discussed above. This injured worker has a long history of widespread pain not adequately addressed by the requesting physician. This patient does not fit the California MTUS criteria for invasive procedures, such as spine surgery,

regardless of any proposed MRI findings, as discussed above. The widespread symptoms cannot be accounted for by any proposed spinal pathology and will not be addressed with any spine surgery. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the California MTUS, and the reasons discussed in the section of this review above.