MAXIMUS Federal Services

Case Number:	CM14-0001561		
Date Assigned:	01/22/2014	Date of Injury:	08/02/2012
Decision Date:	06/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 record notes a 46 year old individual with a date of injury of August 2, 2012. The mechanism of injury reported was a motor vehicle/pedestrian injury resulting in the claimant being pinned under car. The most recent progress note provided is dated December 4, 2013 indicating that the claimant presents for follow-up for evaluation of the cervical, thoracic, and lumbar spine complaints. The record notes that the claimant underwent treatment with Ibuprofen and 24 sessions of physical therapy for the spine with temporary improvement. Cervical and lumbar MRIs were performed as well as neurodiagnostic studies of the upper and lower extremities. Epidural steroid injections at the C5-6 level were provided with no improvement in symptoms. Neck pain radiating to the bilateral upper extremities, thoracic pain, and low back pain without radiation is reported. Physical examination reveals a 5 foot 3 and tall individual weighing 180 pounds. Range of motion is restricted in both of the cervical and lumbar spine. There are no gait disturbances. Tenderness to palpation of the paraspinal musculature for the cervical spine to the lumbar spine is documented. Good strength and good. Sensation is noted. Pulses are palpable and reflexes are normal. The history indicates that x-rays were not obtained at the time of injury. Radiographs taken the time of this evaluation reveal good alignment and disc disease at the C5-6 level. X-rays of the thoracic spine show no evidence of fracture, and x-rays of the lumbar spine revealed a pedicle shadows to be intact, and a grade 1 isthmic spondylolisthesis at L5-S1 with moderate loss of disc height at L5-S1. An MRI of the lumbar spine was performed in October 2012 noting disk desiccation at L5-S1 level with a grade 1 is neck spondylolisthesis. An MRI of the cervical spine in October 2012 reveals disk desiccation at the C5-6 level, minimal stenosis, and degenerative facet disease at C4-5 level. The diagnoses include C5-6 disc disease and collapse, C4-5 facet disease, cervical, thoracic, and lumbar pain, and a grade 1 spondylolisthesis at L5-S1. The treatment recommendation is for an updated MRI

of the thoracic, and cervical spine due to the fact that the claimant cervical symptoms are not improving. Despite epidural injections in the symptoms are increasing in severity despite conservative treatment. The record provides no documentation that flexion/extension views of the cervical spine were obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX, online edition, Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 12/04/2013); Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX, online edition, Section: Neck & Upper Back (Acute & Chronic) (updated 05/14/2013) ; and MTUS 9792.24.2 Chornic Pain Medical Treatment Guidelines, California Code of Regulations, Title 8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Treatment guidelines support MRI imaging of the cervical spine in a setting of severe or progressive neurologic deficits in some clinical settings of subacute and chronic radicular cervical pain syndromes that have lasted for more than 4 to 6 weeks when dermatomal and myotomal symptoms are not trending towards improvement and injection or surgical intervention is being considered if supportive findings on MRI are found. The record provides evidence that an MRI was obtained in October 2012. The record evidences that the symptoms have lasted longer than 6 weeks and are not trending towards improvement. However, there is no documentation provided of a change in symptoms, or that surgical intervention or additional injections are being considered. Additionally, there is no discussion of flexion/extension views, which could be supportive. If surgical intervention is being considered as part of the plan of care should the MRI be supportive, then a recommendation is made to include that in the documentation. Based on the information available at this time, this request is not medically necessary.

REPEAT MRI THORACIC SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX, online edition, Section: Low Back-Lumbar & Thoracic (Acute & Chronic) (updated 12/04/2013); Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX, online edition, Section: Neck & Upper Back (Acute & Chronic) (updated 05/14/2013) ; and MTUS 9792.24.2 Chornic Pain Medical Treatment Guidelines, California Code of Regulations, Title 8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Treatment guidelines support MRI imaging of the thoracic spine in a setting of severe or progressive neurologic deficits in some clinical settings of subacute and chronic radicular cervical and thoracic pain syndromes that have lasted for more than 4 to 6 weeks when dermatomal and myotomal symptoms are not trending towards improvement and injection or surgical intervention is being considered if supportive findings on MRI are found. The record provides no evidence that an MRI of the thoracic spine was previously provided. When noting the claimant's symptomatology, in the absence of a primary MRI of the thoracic spine, a clinical indication would exist for an initial MRI of the thoracic spine to evaluate the claimant's symptoms which have not responded to conservative treatment provided, and are not trending towards improvement. Based on the clinical data available, indicating no evidence or discussion of a previous thoracic spine MRI, this request is medically necessary.