

Case Number:	CM14-0004793		
Date Assigned:	01/24/2014	Date of Injury:	03/25/2003
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 63 year old female with an injury reported on 3/25/03. The mechanism of injury was not provided within the clinical notes. The clinical note dated 3/13/13 reported that the injured worker complained of neck and back pain. The physical examination revealed the injured worker's neck range of motion demonstrated flexion to 30 degrees, extension to 40 degrees, lateral bending to right and left to 20 degrees, and rotation right and left to 80 degrees. An MRI of the cervical spine performed on 2/24/12 revealed mild worsening of the disk osteophyte complex eccentric to left at C2-3; C3-4 and C4-5 were consistent with disk osteophyte complex without foraminal or spinal stenosis. The injured worker's diagnoses included cervical disk disease at C4-5, C5-6, C6-7, and C7-T1, with increased left brachialgia; lumbar degenerative disease at L3-4, L4-5, and slight L5-S1; instrumented fusion L4 to the sacrum; and posterior stabilization at L3-4. It was noted the injured worker had physical therapy and an MRI of the cervical spine in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), page 303; and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker complained of neck and back pain. According to the California MTUS/ACOEM, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. It was noted the injured worker complained of back pain and is diagnosed with lumbar degenerative disease at L3-4, L4-5, and slight L5-S1; however, there is a lack of objective findings upon physical examination of physiological evidence indicating specific nerve compromise to warrant imaging. There is also a lack of documentation of the injured worker's unresponsiveness to physical therapy sessions or exercises. As such, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8), pages 177-178; and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker complained of neck and back pain. The injured worker's diagnoses included cervical disk disease at C4-5, C5-6, C6-7, and C7-T1. An MRI of the cervical spine performed on 2/24/12 revealed mild worsening of the disk osteophyte complex eccentric to left at C2-3. C3-4 and C4-5 were consistent with disk osteophyte complex, without foraminal or spinal stenosis. According to the California MTUS/ACOEM physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. It was noted that the injured worker underwent an MRI of the cervical spine on 2/24/12. There is a lack of clinical information provided indicating definitive neurologic findings per the physical examination which identify specific nerve compromise. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). There is a lack of clinical information indicating that the injured worker has a tumor, infection, neurocompression, fracture, or recurrent disc herniation. It was also noted that the injured worker does not have a displaced plate, but the plate has some prevertebral swelling due to the previous surgical scarring. It was also noted that her treating neurosurgeon does not recommend any further surgery at this juncture. As such, the request is not medically necessary.

