MAXIMUS Federal Services

Case Number:	CM14-0011402		
Date Assigned:	02/21/2014	Date of Injury:	02/25/2013
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 & 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:

The patient is a 25 year old with an injury date on 2/25/13. Based on the 1/21/14 progress report provided by [redacted] the diagnoses are: 1. Cervical Disc Herniation with Myelopathy 2. Lumbar Disc Displacement with Myelopathy 3. Thoracic Disc Displacement with Myelopathy Exam on 1/21/14 showed "C-spine: +3 spasm, tenderness to bilateral paraspinal muscles and bilateral upper shoulder. T-spine: +3 spasms and tenderness to bilateral thoracic paraspinal muscles. L-spine: +3 spasms and tenderness to bilateral lumbar paraspinal muscles and right sacroiliac joint. A straight leg raise positive on right. Right achilles reflex decreased, L5 and S1 dermatomes decreased on right to light touch." [redacted] is requesting magnetic resonance image (MRI) 3D lumbar spine and magnetic resonance image (MRI) 3D cervical spine. The utilization review determination being challenged is dated 1/21/14. [redacted] is the requesting provider, and he provided treatment reports from 10/18/13 to 1/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGE (MRI) 3 D LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES 2ND EDITION, CHAPTER 12, LOW BACK COMPLAINTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols: (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols) has the following: Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) Magnetic resonance imaging has also become the

Decision rationale: This patient presents with L-spine, T-spine, C-spine pain with headaches, depression, difficulty sleeping. The treater has asked magnetic resonance image (MRI) 3D lumbar spine on 1/21/14. On 3/8/13, patient received MRI of L-spine which showed "disc bulge between L4-L5 but too small to treat." per 10/18/13 report. On 10/18/13 report, patient had 24 sessions of physical therapy with no mention of improvement. On 11/27/13, patient is able to walk for 30 minutes, showing functional improvement and improved L-spine range of motion. Treater on 1/21/14 makes request due to "patient showing red flags of constant and severe L-spine pain, radicular symptoms, positive neurological findings on examination" and failure of conservative treatments including work hardening program. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the treater has asked for magnetic resonance image (MRI) 3D lumbar spine. Patient's most recent MRI of L-spine is more than a year old, but patient shows no red flags, flare-ups, reinjury, or progression of neurological deficit. Recommendation is for denial.

MAGNETIC RESONANCE IMAGE (MRI) 3D CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES 2ND EDITION, 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: This patient presents with L-spine, T-spine, C-spine pain with headaches, depression, difficulty sleeping. The treater has asked magnetic resonance image (MRI) 3D cervical spine on 1/21/14. On 3/8/13, patient received X-rays of L-spine but none of C-spine per 10/18/13 report. On 10/18/13 report, patient had 24 physical therapy sessions with no mention of improvement. On 11/27/13, patient is able to walk for 30 minutes, showing functional improvement. On 1/8/14, treater requests C-spine MRI: "to evaluate the disc pathology that is causing the radicular symptoms and positive neurological findings on physical examination." Review of the reports do not show any evidence of C-spine MRIs being done in the past. Treater on 1/21/14 makes request due to "patient showing red flags of constant and severe L-spine pain, radicular symptoms, positive neurological findings on examination" and failure of conservative treatments including work hardening program. For the evaluation of the patient with chronic neck pain, ACOEM recommends plain radiographs (3-view: anteroposterior, lateral, open mouth) be performed first. In this case, the treater has asked magnetic resonance image (MRI) 3D cervical spine but X-rays have not yet been taken as per ACOEM guidelines. Recommendation is for denial.