

Case Number:	CM14-0137939		
Date Assigned:	09/05/2014	Date of Injury:	02/24/2014
Decision Date:	10/02/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 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 51 year old with an injury date on 2/24/14. Patient complains of continued cervical pain, with increased headaches/discomfort from prolonged positioning of the neck per 8/15/14 report. Patient also has lower back pain with spasms rated 5/10 per 7/24/14 report. Patient states that physical therapy was not beneficial per 8/15/14 report. Based on the 8/15/14 progress report provided by [REDACTED] the diagnoses are: 1. CHI with TBI post concussive syndrome 2. bilateral knee contusion 3. c/s s/s with left upper extremity radiation R/O HNP 4. l/s s/s with right lower extremity radiation R/O HNP 5. left shoulder s/s with MFS 6. s/p bilateral carpal tunnel release Exam on 7/24/14 showed "moderately reduced C-spine range of motion, and moderately reduced L-spine range of motion. Tenderness to palpation across cervical paraspinals and spasm in the mid/right C-spine. Negative straight leg raise. Sensory exam grossly intact." [REDACTED] is requesting MRI of the cervical spine and MRI of the lumbar spine. The utilization review determination being challenged is dated 8/15/14 and denies requests due to lack of documentation of significant neurological deficits in the dermatomal distribution of the upper/lower extremities. [REDACTED] is the requesting provider, and he provided treatment reports from 2/25/14 to 8/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck and Upper Back Procedure Summary (last updated 04/14/14), Indications for MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient presents with neck pain and lower back pain. The treater has asked for MRI of the cervical spine on 8/7/14. Patient had x-ray of the C-spine on 4/18/14 that showed moderate decreased disc height at C5-6 and C6-7, and reversal of cervical lordosis. Review of the reports do not show any evidence of cervical MRIs being done in the past. In regard to chronic neck pain, AECOM requires red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. ODG guidelines also support MRI's for neurologic signs and symptoms. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, the treater has asked for MRI of the cervical spine to determine the source of the patient's persistent cervical pain and left upper extremity radiating symptoms. These are neurologic symptoms and an MRI would reasonable therefore MRI of the cervical spine is medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Low Back Procedure Summary (last updated 07/03/14), Indications for MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols

Decision rationale: This patient presents with neck pain and lower back pain. The treater has asked for MRI of the lumbar spine on 8/7/14. Patient had X-ray of L-spine on 5/5/14 which showed degenerative disc disease at L2-3, L3-4 and L4-5. Review of the reports do not show any evidence of lumbar MRIs being done in the past. For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or caudal equine. In this case, the patient has failed conservative treatment (including chiropractic treatment, physical therapy, and medication) and has persistent back pain. However, no radicular symptoms are documented and examination is negative for any radiculopathy such as SLR. MRI is not supported for non-specific low back pain without radiculopathy therefore MRI of the lumbar spine is not medically necessary.

