MAXIMUS Federal Services

Case Number:	CM14-0152840		
Date Assigned:	09/23/2014	Date of Injury:	05/20/2010
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 Internal 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:

The injured worker is a 50-year-old with a reported date of injury of 05/20/2010. The mechanism of injury was not noted in the records. The injured worker's diagnoses included persistent back pain and bilateral leg pain, uncertain of etiology; episodic lower extremity spasms; severe depression; and marginal pain control with current medications. The injured worker's past treatments included pain medication, physical therapy, psychologist visits, and surgical intervention. An MRI was performed on 03/03/2014 of the lumbar spine and it was noted to reveal no residual nerve root compression. The injured worker's surgical history included decompression and fusion of L4-5 with screws and cage placement on 04/18/2013. The subjective complaints on 08/12/2014 included continued back pain with bilateral lower extremities pain, reactive depression, and narcotic pain medication dependence. The physical examination noted that the patient had diffuse spasms in both lower legs which settled down after about a minute. Her lower extremity prescriptions were 2 to 3+ at the knees, and 1 to 2+ at the ankles. The upper extremity reflexes were normal. The injured worker's medications included OxyContin 20 mg 3 times a day, Norco 10/325 mg 6 times per day for breakthrough pain, Cymbalta 60 mg at bedtime, Soma 350 mg 4 times per day, and gabapentin 300 mg 4 times a day. The treatment plan was to order an MRI of the cervical and thoracic spine. A request was received for an MRI of the thoracic spine and MRI of the cervical spine. The rationale for the request was stated in the notes as the injured worker's "continued unexplained symptoms combined with these episodic spasms would lead me to at least recommend that some other anatomic source of pain be eliminated. In order to do this, the most effective testing would be further MRI scans of the patient's spine." The Request for Authorization from was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging)

Decision rationale: The request for an MRI (magnetic resonance imaging) of the thoracic spine is not medically necessary. The Official Disability Guidelines state that repeat MRIs are not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neural compression, or recurrent disc herniation). The injured worker is status post spinal fusion. There was a lack of documentation in the physical examination that revealed any red flags or significant symptomatology to warrant a repeat MRI. Additionally, the rationale for the MRI is to attempt to rule out episodic spasms. In the absence of any red flags or significant pathology, the repeat MRI is not supported by the guidelines. As such, the request is not medically necessary.

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging)

Decision rationale: The request for an MRI (magnetic resonance imaging) of the cervical spine is not medically necessary. The Official Disability Guidelines state that repeat MRIs are not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neural compression, or recurrent disc herniation). The injured worker is status post lumbar fusion. There was a lack of documentation in the physical examination that revealed any red flags or significant pathology to warrant a repeat MRI. The rationale for the repeat MRI was to episodic spasms that the injured worker is currently having in the bilateral lower extremities. In the absence of any red flags or significant pathology, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.