

Case Number:	CM14-0176297		
Date Assigned:	10/29/2014	Date of Injury:	08/08/2011
Decision Date:	12/05/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/24/2014

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 Pain Management 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 48 year-old male with the date of injury of 08/08/2011. The patient presents with pain in his neck and lower back. His pain radiates into his upper or lower extremities with tingling or numbing sensations. The patient rates his pain as 7-9/10 on the pain scale, depending on his activities. The patient presents limited range of neck or lumbar motion. MRI of the cervical spine reveals multi-level cervical derangements with symptoms most significantly at C5-6 and C6-7. His lumbar flexion is 40 degrees, extension is 20 degrees and lateral bending is 30 degrees. MRI of the lumbar spine from 01/17/2014 reveals disc protrusion at L5-S1 with moderate disc desiccation and central protrusion with effacement of the anterior theca sac and bilateral recess stenosis. The patient is not currently working. According to [REDACTED] report on 07/01/2014, diagnostic impressions are;1) Chronic pain syndrome2) Myofascial pain3) Cervicobrachial syndrome4) Rotator cuff syndrome5) Lumbar and radiculopathyThe utilization review determination being challenged is dated on 10/03/2014. [REDACTED] the requesting provider, and he provided treatment reports from 03/24/2014 to 09/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine w/o contrast pre op: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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), Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with pain in his neck and low back pain, radiating down his upper / lower extremities. The request is for MRI of lumbar spine without contrast for preoperative purpose. Review of the reports indicates that the patient had a previous MRI of his lumbar spine on 01/17/2014. ACOEM guidelines state: "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." ODG does not recommend it unless progression of neurologic deficit is suspected. In this case, such suspicions are not discussed in any of the reports. The treater wants to update MRI for preoperative purpose, however, the recent MRI from 1/17/14 only showed a disc protrusion at L5-S1. The MRI's are fairly recent and based on it's description, no obvious surgical lesion. There is no indication that the proposed surgery has been authorized. Given the lack of any red flags, progressive neurologic deterioration, new injury or new clinical issue, updated MRI does not appear medically indicated. Recommendation is for denial.