

Case Number:	CM14-0023960		
Date Assigned:	06/11/2014	Date of Injury:	03/25/2009
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational 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 patient is a 55 y/o male, DOI 3/25/2009. He is been diagnosed with post laminectomy syndrome of the thoracic and lumbar spine subsequent to surgery at the T6-7, L3-4 and L4-5 levels. The mainstay of current treatment is Opioid analgesics, Neuropathic pain analgesics and Neuroleptics. Besides surgery, he has been treated with physical therapy, epidural injections and trigger point injections, none of these have provided much relief. He has a lumbar implanted stimulator, which is reported to provide moderate relief. In addition to his mid and low back pain, he has complaints of burning pain in the left upper extremity and has stated that he cannot use his that extremity. There is no further detail provided in the records documenting a comprehensive neurological exam of the upper extremities. The records do not document the results or dates of prior MRIs. There are no narratives to review from the requesting neurosurgeon, but both the primary treating physician and pain management consultant have supported the request for the MRI testing.

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: 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) Neck acute and chronic, MRI testing.

Decision rationale: MTUS Guidelines only minimally address the issue of spinal MRI scanning in the chronic patient. ODG guidelines provide a more detailed review and recommendations for this issue. ODG recommend that if there are greater than 3 months of spinal pain that are associated with neurological signs or symptoms, MRI testing is reasonable. The patient has been greater than 3 months with neurological symptoms of being unable to use the upper extremity associated with burning radiating pain would qualify for MRI testing. Unfortunately, the Neurological Surgery consult that first requested the MRI testing is not in the record available for review. This report would likely provide additional details regarding the testing. With the 2 other treating physicians supporting the MRI testing and documentation of persistent neurological symptoms, it appears reasonable to consider the testing medically necessary.