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| Case Number: | CM14-0031460 | | |
| Date Assigned: | 04/09/2014 | Date of Injury: | 01/04/1993 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

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 applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 4, 1993. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; lumbar radiofrequency ablation procedures; consultation with a psychologist; and plain films of the lumbar spine on November 8, 2013, notable for multilevel degenerative changes and facet arthropathy of uncertain clinical significance. In a Utilization Review Report of January 2, 2014, the claims administrator denied a request for cervical MRI (magnetic resonance imaging) and also denied a request for lumbar MRI imaging. The applicant's attorney subsequently appealed. A January 6, 2014 progress note was notable for comments that the applicant reported persistent neck pain, low back pain, and headaches. The applicant was having associated upper extremity pain and lower extremity pain. However, the applicant did exhibit a normal gait and normal bulk and strength about the lower extremities with normal upper extremity bulk and strength also appreciated. Reflexes and sensorium were also within normal limits about the upper and lower extremities. Repeat imaging studies of the cervical and lumbar spine were sought. The attending provider stated that he was unable to find the results of earlier lumbar spine MRI imaging performed 10 years prior.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, MRI (magnetic resonance imaging) or CT (computed tomography) scanning of the cervical spine to validate a diagnosis of nerve root compromise, based on clear history and physical exam finding, in preparation for an invasive procedure is "recommended." In this case, however, there is no indication that the applicant is actively considering or contemplating a surgical procedure. No clear description of the applicant's upper extremity radicular complaints was provided. The applicant's normal upper extremity bulk, strength, and sensorium all argue against the presence of any focal upper extremity or neurologic compromise for which cervical MRI imaging would be indicated. Therefore, the request is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, imaging studies should be reserved for cases in which the applicant is actively considering or contemplating surgery or other red flag diagnoses at present. In this case, as with the cervical MRI (magnetic resonance imaging), there is no indication that the applicant is actively considering or contemplating lumbar spine surgery. The applicant's well-preserved lower extremity strength, sensorium, and reflexes, taken together, argue against the presence of any focal neurologic compromise associated with the lumbar spine which would require lumbar spine MRI imaging to identify. Therefore, the request is not medically necessary.