

Case Number:	CM14-0052239		
Date Assigned:	07/07/2014	Date of Injury:	02/19/2007
Decision Date:	08/06/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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, 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:

This 57 year-old patient sustained an injury on 2/19/07 while employed by Savemart Supermarkets. Request under consideration include MRI (Magnetic Resonance Images) Of The Lumbar Spine and X-Ray Cervical Spine. CT scan of cervical spine dated 8/2/12 showed C3 through C5 dorsal fusion with screws and bridging bars; chronic hypertrophic degenerative changes at C5-6 and C6-7 with neural foramina narrowing. Report of 11/4/13 from the provider noted ongoing chronic lower back and neck pain with radicular symptoms. Exam showed cervical spine with limited range; positive Spurling's; localized tenderness of levator scapulae and trapezius; lumbar spine with positive SLR; 5/5 motor strength in upper and lower extremities bilaterally; DTRs 2+ with decreased sensation of L5-S1 dermatomes. Diagnoses include cervical pain s/p decompression and fusion with bilateral C8 radiculopathy; lower back pain s/p L4-S1 decompression and fusion with residual bilateral L5-S1 radiculopathy; severe right shoulder impingement; reactive depression; hypertension; difficulty sleeping related to pain; and newly diagnosed diabetes. Report of 3/13/14 from the provider noted the patient with chronic ongoing cervicospinal pain that radiates between shoulder blade and down bilateral upper extremity; bilateral shoulder pain; and severe lower back pain with radiating into lower extremities. Current medications list Baclofen, Neurontin, Trazodone, and MSIR. Exam showed cervical spine with 20% of normal range; muscle spasm in paraspinals; shoulders with impingement and reduced range in flex/abd/IR/ER with negative drop-arm test and localized tenderness of acromion process; lumbar spine with limitation in range in all planes with tightness of hamstrings and positive SLR; neurologic exam showed motor strength of 5/5 in bilateral upper and lower extremities; DTRs 2+ symmetrical; sensory decreased in bilateral C6-7, median nerve, and L5-S1 dermatomes. Diagnoses were unchanged. Treatment included steroid shoulder injection, MRI of cervical and lumbar spine; and x-rays of cervical spine to evaluation for spinal

instability. There is an MRI of the cervical spine report dated 5/18/14 with impression of degenerative disc disease at C7-T1 with disc protrusion and encroachment on bilateral neural foramina; C5-6 with bilateral encroachment of foramen; post-surgical change of fusion at C3 through C5 with decompressive laminectomy and re-enforcing rods at C3 through C5. The request for MRI (Magnetic Resonance Images) Of The Lumbar Spine and X-Ray Cervical Spine were non-certified on 3/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Images) Of The Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. The patient is s/p lumbar surgery with residual radiculopathy for this 2007 injury with unchanged findings of decreased sensation; otherwise is without deficits in motor strength or DTRs. There is no report of acute new injury or red-flag conditions to warrant the imaging study for chronic ongoing symptom complaints. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI (Magnetic Resonance Images) of the lumbar spine is not medically necessary and appropriate.

X-Ray Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck Disorders states Criteria for ordering imaging studies such as the requested X-rays of the cervical spine include

Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the cervical spine x-rays nor document any specific clinical findings to support this imaging study as reports noted unchanged clinical symptoms of ongoing pain without any change or neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The X-Ray cervical spine is not medically necessary and appropriate.