

Case Number:	CM14-0064617		
Date Assigned:	07/11/2014	Date of Injury:	02/07/2012
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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:

Patient is a 54-year-old female with date of injury 2/7/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 01/08/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the cervical spine revealed guarded range of motion and positive axial head compression test bilaterally. Patient has moderate right greater than left tenderness to palpation. Right shoulder impingement sign was positive. No examination of the lumbar spine was documented. Diagnosis: 1. Cervical spondylosis with probable early myelopathy 2. Lumbar musculoligamentous sprain/strain with lumbar spondylosis, annular disc tears, and chronic Discogenic pain 3. Right shoulder impingement 4. History of subarachnoid bleed and aneurysm clipping in September 2012. It was noted that the patient should not undergo any MRI scan evaluations as the patient had an aneurysm clip in the brain and the magnetic field might dislodge the metal. CT scan of the cervical spine performed on 07/16/2013 revealed multilevel degenerative disc disease of mid-to-moderate degree at midcervical levels with disc protrusions at several levels, multiple levels of central canal stenosis of mild to moderate degree secondary to disc protrusions and endplate spurs. An MRI of the lumbar spine dated 07/22/2011 was positive for loss of disc height and desiccation at L2-L3, L4-L5, and T10-T11 level with straightening of the lumbar lordosis, left greater than right; annular concentric and left paracentral 3.2-3.5 disc bulges at L4-5 and L3-4 with left paracentral annular tear and spinal and neuroforaminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updated 04/14/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 178 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. The medical record fails to document any progressive neurologic deficit or new findings of cervical radiculopathy therefore the request for MRI Cervical Spine is not medically necessary and appropriate.

MRI Thoracic 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 Low Back (updated 03/31/14) Low Back - Lumbar & Thoracic (Acute & Chronic).

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 - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that indications for a thoracic MRI include trauma, thoracic pain suspicious for cancer or infection, cauda equina syndrome, or myelopathy. The exam indicates that the patient has complaining of mid back pain without evidence of long track signs, bowel or bladder dysfunction, or progressive neurologic deficit. The request for MRI Thoracic Spine is not medically necessary and appropriate.

MRI 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 Low Back (updated 03/31/14) Low Back - Lumbar & Thoracic (Acute & Chronic). MRIs (magnetic resonance imaging) indications for imaging - Magnetic resonance imaging.

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

Decision rationale: The MTUS states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. The request for MRI Lumbar Spine is not medically necessary and appropriate.