

Case Number:	CM14-0069105		
Date Assigned:	07/14/2014	Date of Injury:	04/06/2011
Decision Date:	09/11/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old woman who sustained a work related injury on April 6, 2011. Subsequently, she developed chronic neck pain. The patient underwent various treatments for neck pain over the last three years, including physical therapy and epidural injection. MRI of the cervical spine dated December 2011 showed C4-5 spondylosis as well as disc protrusion. There was also spondylosis and retrolisthesis of C5-6. According to a medical report dated April 21, 2014, the patient has been complaining of neck pain radiation to the right posterior auricular area and right posterior parietal and occipital scalp as well as into the right interscapular region. The pain also radiated on the right upper extremity into the hand and all digits with intermittent numbness and tingling. There was a lower back pain radiating to bilateral hip, thigh and buttock. Her physical examination demonstrated tenderness in the right posterior scalp, cervical tenderness with reduced range of motion, tenderness in lumbar spine and tenderness to palpation in upper and lower extremities diffusely. The patient neurologic examination was normal except for positive straight leg raise bilaterally. The patient was diagnosed with cervicalgia with cervical radiculopathy and cervical spondylosis at C5-6 and C6-7. The provider requested authorization for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back (updated 03/31/14) Magnetic Resonance Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Special Studies and Diagnostic and Treatment Considerations, page 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated : "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients considering back surgery, fracture or tumors that may require surgery. There is no documentation that the patient developed radicular pain and her physical examination does not support the diagnosis of lumbar radiculopathy except for chronic back pain. MTUS guidelines do not support the diagnosis the use of MRI without clinical evidence of focal lumbar signs. Her neurological examination was normal. There is no documentation that the patient is considered for surgery. Therefore, the request for MRI of the lumbar spine is not medically necessary.