

Case Number:	CM14-0074250		
Date Assigned:	08/04/2014	Date of Injury:	08/27/2013
Decision Date:	09/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 46 year old male who sustained cumulative work place injury while performing his regular duties. The date of injury as reported in the medical records was 08/27/13. His initial complaints were neck pain, arm paresthesias and pain shooting down to his arms. On August 29, 2013, he had an MRI of his cervical spine that was significant for chronic broad based disc protrusions with mild disc narrowing at C5-C6 and C6-C7, with small spurs that narrowed the neural foramina and mild compression of spinal cord without abnormal cord signal to indicate hemorrhage or myelopathy. He modified his work and noticed some improvement in symptoms. In September 2013, he began to experience fasciculations in his calves, which caused him to go to the emergency room. The ED physician notes were reviewed from 09/05/13. He had presented for calf cramping, tingling on the top of his foot and lower lower extremity issues. He was advised by his PCP to go to ER. The symptoms had been worse since the morning of presentation and the "buzzing" in the calf was constant. There was no trauma or incontinence, but he had issues starting his urinary flow. His pertinent examination findings included steady gait, motor weakness of bilateral lower extremities and a neurosurgical urgent consultation was obtained. The surgeon recommended MRI of the lumbar and thoracic spine. The neurology consultation note was also reviewed. Subjective complaints included worsening bilateral arm tingling, cramping and pain over the previous week. He also developed cramping in left hamstring muscles and tingling with activity. On examination he had 2+ reflexes in bilateral upper extremities and right patella with 3+ reflex in left patella without clonus. His toes were upgoing vaguely. His findings were most consistent with an upper motor neuron problem. So a repeat MRI of cervical spine as well as an MRI of thoracic spine were requested. His MRI of the cervical spine showed multilevel spondylosis, disc osteophytes causing cord compression at C6-C7 and nerve root canal narrowing. There was mild canal stenosis at C3-4 without frank cord

compression and a focal disc protrusion at T8-9, which effaces the ventral sac and cord. EMG in June 2014 showed moderate denervation on the right at C5-C6 and on the left at C7-C8. His diagnoses included cervical spondylosis with cervical myeloradiculopathy, cervical stenosis at C5-C6 and C6-C7 and mechanical neck pain according to the operative report from July 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request of MRI Lumbar Spine W/O Contrast DOS 9/5/13: Overturned

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

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 and thoracic, MRIs.

Decision rationale: According to Official Disability guidelines, repeat MRI of the spine should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression and recurrent disc herniation). The employee had evidence of progressive neurologic deficit since the recent MRI of the spine with upper motor neuron findings. He had lower extremity weakness, hyperreflexia of the left lower extremity, left lower extremity cramps and worsening upper extremity tingling and numbness. As such, the request is medically necessary.

Retrospective Request of MRI Thoracic Spine w/o Contrast 9/5/13: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

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 and thoracic, MRIs.

Decision rationale: According to Official Disability guidelines, repeat MRI of the spine should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression and recurrent disc herniation). The employee had evidence of progressive neurologic deficit since the recent MRI of the spine with upper motor neuron findings. He had lower extremity weakness, hyperreflexia of the left lower extremity, left lower extremity cramps and worsening upper extremity tingling and numbness. As such, the request is medically necessary.

Retrospective Request of Laboratory Chemistry DOS 9/5/13: 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 Other Medical Treatment Guideline or Medical Evidence: National guideline clearing house, back pain, emergent cases.

Decision rationale: According to the National Guideline Clearing House, patients with red flags indicating a high likelihood of serious underlying pathology should be referred for immediate evaluation and treatment to an appropriate resource depending on what is available (eg, emergency room, relevant specialist). Cramping evaluation should include chemistry and hematology to evaluate for electrolyte abnormalities and infection. As such, the request is medically necessary.

Retrospective Request for Lab Hematology DOS 9/5/13: 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 Other Medical Treatment Guideline or Medical Evidence: National guideline clearing house, back pain, emergent cases.

Decision rationale: According to the National Guideline Clearing House, patients with red flags indicating a high likelihood of serious underlying pathology should be referred for immediate evaluation and treatment to an appropriate resource depending on what is available (eg, emergency room, relevant specialist). Cramping evaluation should include chemistry and hematology to evaluate for electrolyte abnormalities and infection. As such, the request is medically necessary.

Retrospective Request for Radiology Disc DOS 9/5/13: 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) Low back, lumbar and thoracic, red flags.

Decision rationale: According to Official Disability guidelines, repeat MRI of spine should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression and recurrent disc herniation). The employee had evidence of progressive neurologic deficit since the recent MRI of spine with upper motor neuron findings. He had lower extremity weakness, hyperreflexia of left lower extremity, left lower extremity cramps and worsening upper extremity tingling and numbness. As such, the request is medically necessary.

Retrospective Request for ER Visit DOS 9/5/13: 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 Other Medical Treatment Guideline or Medical Evidence: National guideline clearing house, low back pain, emergent cases.

Decision rationale: According to the National Guideline Clearing House, patients with red flags indicating a high likelihood of serious underlying pathology should be referred for immediate evaluation and treatment to an appropriate resource depending on what is available (eg, emergency room, relevant specialist). Cramping evaluation should include chemistry and hematology to evaluate for electrolyte abnormalities and infection. As such, the request is medically necessary.

Retrospective Request for Repeat MRI of the Cervical Spine DOS 9/5/13: 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 and upper back complaints, MRIs.

Decision rationale: According to Official Disability Guidelines, repeat MRI of spine should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression and recurrent disc herniation). The employee had evidence of progressive neurologic deficit since the recent MRI of spine with upper motor neuron findings. He had lower extremity weakness, hyperreflexia of left lower extremity, left lower extremity cramps and worsening upper extremity tingling and numbness. As such, the request is medically necessary.

Retrospective Request for Repeat MRI of the Thoracic Spine DOS 9/5/13: 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) Low back, lumbar and thoracic, MRIs.

Decision rationale: According to Official Disability Guidelines, repeat MRI of spine should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression and recurrent disc herniation). The employee had evidence of progressive neurologic deficit since the recent MRI of spine with upper motor neuron findings. He had lower extremity weakness, hyperreflexia of left lower

extremity, left lower extremity cramps and worsening upper extremity tingling and numbness. As such, the request is medically necessary.