

Case Number:	CM14-0074739		
Date Assigned:	07/16/2014	Date of Injury:	10/06/2008
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/22/2014

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:

This is a 41 year old male with a 10/6/2008 date of injury. The exact mechanism of the original injury was not clearly described. A 4/9/14 progress report noted subjective complaints of pain in the back and lower extremities. Objective findings included paraspinal lumbar spasms. There was no significant neurological examination documented. A 12/20/13 progress report noted normal gait, normal motor strength and sensation in the lower extremities bilaterally. There were symmetric reflexes. The injured worker underwent lumbar decompression on 11/6/13 A CT of the spine 11/8/13 noted ossification of posterior longitudinal ligament (OPLL) at the level of C6 without significant canal narrowing. Additional segments of OPLL at L2-L4 with focal bony protrusion into the spinal canal were noted. Diagnostic Impression: Lumbar Stenosis. Treatment to Date: Medication management, lumbar laminectomies and foraminectomies, physical therapy. A UR decision dated 5/12/14 denied the request for MRI Total (Cervical, Thoracic, & Lumbar) spine without contrast. Per reports, it is possible he may need cervical and/or thoracic decompression in the future. However, there are no symptoms or findings consistent with cervical or thoracic stenosis. Diagnostic tests to "look for" stenosis are not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) total (cervical, thoracic & lumbar) without contrast:
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, Chapter 12 Low Back Complaints Page(s): 303-304; 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI, Neck and Upper Back Chapter - MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In addition, ODG supports MRI studies in the setting of spine trauma with neurological deficit. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. In the documents provided for review, there is no documentation of a thorough neurological examination. There are no neurological deficits in the documentation provided. Also, there is no mention of acute trauma. Furthermore, there was no mention of this proposed imaging study being utilized for a planned invasive procedure or surgery. It is unclear how a full spine MRI would be of benefit to the injured worker at this time. Therefore, the request for Magnetic Resonance Imaging (MRI) total (cervical, thoracic & lumbar) without contrast was not medically necessary.