

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0083152 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 10/09/2011 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 Nevada. 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 records presented for review indicate that this 58-year-old male was reportedly injured on October 9, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 17, 2014, indicated there were ongoing complaints of low back pain radiating to the right greater than left lower extremity. Previous treatment had included a prior cervical spine fusion, and there were also complaints of cervical spine pain. The physical examination demonstrated an antalgic gait and a positive bilateral straight leg raise test. There was some decreased sensation in the stocking distribution bilaterally. Examination of the cervical spine noted decreased sensation over the right C6 nerve distribution. The injured worker held his head forward due to cervical spine pain. Diagnostic imaging studies reported multilevel degenerative disc disease most significant at L2-L3 with a sub-ligamentous disc protrusion and a Tarlov cyst at the distal thecal sac. X-rays of the cervical spine showed evidence of a prior cervical fusion. Previous treatment had included multiple epidural steroid injections, physical therapy, and oral medications. A request has been made for an MRI of the cervical spine to rule out myelopathy and cord compression and was not certified in the pre-authorization process on May 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without contrast to rule out myelopathy and cord compression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: According to the attached medical record, the injured employee had a flare of low back pain on April 1, 2014 necessitating a trip to the emergency department. The ordering provider had recommended an MRI of the cervical and lumbar spine due to significant changes, which occurred on this date. However, on April 1, 2014, there were no complaints of cervical spine pain or any complaints of any changes in the upper extremities, only that of the lumbar spine and lower extremities. Without additional justification, this request for a cervical spine MRI to rule out myelopathy and cord compression is not medically necessary.