

Case Number:	CM13-0071926		
Date Assigned:	01/08/2014	Date of Injury:	06/16/2006
Decision Date:	12/04/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 50 year old female, who sustained an industrial-work injury on 6-16-06. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis, lumbar degenerative disc disease (DDD), lumbar radiculitis, and cervical spondylosis. Treatment to date has included pain medication Norco, Soma, Tramadol, Lyrica, Celebrex, physical therapy with no benefit, cervical epidural steroid injection (ESI) 10-8-13, psyche care, lumbar epidural steroid injection (ESI) 11-13-13, home exercise program (HEP) and other modalities. Medical records dated 10-15-13 and 11-7-13 indicate that the injured worker complains of chronic neck and low back pain. The physician indicates that the neck pain is stabbing and sharp with numbness to the right hand and rated 6 out of 10 on the pain scale. The back pain radiates down the bilateral lower extremities (BLE) with numbness, weakness, stiffness, tingling and spasm. The pain is aggravated by multiple repetitive movements and rated 6 out of 10 on the pain scale. Per the treating physician report dated 11-7-13 the injured worker has not returned to work. The physical exam dated 11-7-13 reveals cervical tenderness to palpation, decreased range of motion and decreased sensation right C6-C8 dermatome. The lumbar spine has tenderness to palpation and decreased range of motion. There is no previous Magnetic Resonance Imaging (MRI) reports noted. The requested services included MRI of the lumbar spine and MRI of the cervical spine. The original Utilization review dated 12-6-13 non-certified the request for MRI of the lumbar spine and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This patient's date of injury was on 6/16/2006, resulting in chronic low back and neck pain secondary to degenerative disc disease. The request is for repeat MRIs of the cervical and lumbar region. There are no MRI reports in the medical records submitted, however there is notation in the records of MRIs of the cervical and lumbar regions performed on 8/10/2011 with the following findings: 2 mm disc protrusions at C2-C3, C3-C4; 1 mm disc protrusion at C4-C5; 2mm disc protrusion at C6-C7, 3 mm disc protrusion L4-L5; 7 mm disc protrusion L5-S1. No information is found regarding other pathology on the MRIs, such as spinal stenosis, neuroforaminal stenosis or other processes that could make the patient a surgical candidate. Without the previous full MRI reports, determination for repeat MRIs cannot be made. In the interim, the patient has exhibited no red flags warranting an urgent MRI. Therefore, the request is not medically necessary or appropriate at this time.

MRI of the cervical 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 (ODG), Low Back Chapter, MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: This patient's date of injury was 6/16/2006 resulting in chronic low back and neck pain secondary to degenerative disc disease. The request is for a repeat MRI of the cervical spine. The medical records indicate that a previous MRI was performed on 8/10/11; however, the report is not available for review. Notes in the chart indicate that there is mild disc protrusion at multiple levels in the cervical spine, which do not appear to be surgical in nature. However, there is no comment about additional pathology that may have been present in the formal report. Without the full MRI report, a determination of the necessity of a repeat MRI cannot be made. However, the patient does not exhibit any red flags warranted an urgent MRI. Therefore, the request is not medically necessary or appropriate at this time.