

Case Number:	CM14-0176903		
Date Assigned:	10/30/2014	Date of Injury:	03/02/2012
Decision Date:	02/04/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/24/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 23 year old female with an injury date on 03/02/2012. Based on the 09/24/2014 progress report provided by the treating physician, the diagnoses are: 1. Chronic persistent bilateral wrist pain and hand numbness, industrially-aggravated, secondary to a cumulative trauma injury dated January 1, 2011 through March 2, 2012 working as a case worker. 2. Status post bilateral carpal tunnel release, left side, January 2013, right side, April 2013. 3. Chronic neck pain, rule out cervical stenosis. 4. Rule out persistent nerve root peripheral neuropathy. 5. Possibly cervical spine stenosis 6. Chronic coccydynia 7. Chronic lower back pain, rule out lumbar instability. 8. No sign or symptoms of spinal cord compression or cauda equina syndrome. 9. X-ray of the cervical and lumbar spine from August 2014 are reviewed which show signs of cervical spondylosis and anterior osteophytes as well as loss of disc height at C5-6. The lumbar spine X-rays show a grade 1 anterolisthesis of L4 on L5 that reduces on extension and signs of loss of disc height at L5-S1. According to this report, the patient complains of "neck pain, low back pain, and pain in the tail bone. The back pain is chronic, but it is worse when she sits down for a long period of time." Exam of the cervical spine indicates "no pain on palpation of the cervical paraspinal and trapezial musculature." Range of motion is restricted in extension. Tinel sign is positive at both wrists for numbness and tingling with pain into the first 3 fingers of her hands in the median nerve distribution. Tinel sign is absent in both elbows. Deep tendon reflex is absent in both triceps and 1/4 in both brachioradialis. Exam of the lumbar spine indicates tenderness to palpation in the coccygeal region. Range of motion is restricted in extension. Deep tendon reflexes are absent in both knees and 1/4 in both gastrocnemius tendons. X-ray of the cervical spine on 08/18/2014 shows "Severe facet hypertrophy on the left at C4-C5. There is additionally 1 mm of anterolisthesis at C3-C4

and C4-C5 on flexion radiographs." X-ray of the lumbar spine on 08/18/2014 shows "Grade 1 anterolisthesis at L4-L5" and "Moderate disc space narrowing at L4-L5 and L5-S1." The treatment plan is to perform EMG/NCV studies, request MRI of the cervical and lumbar spine. The patient's work status "is currently not working because she is medically retired." The utilization review denied the request for MRI of the cervical spine without contrast and MRI of the lumbar spine without contrast on 10/08/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 03/18/2014 to 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast QTY: 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI).

Decision rationale: According to the 09/24/2014 report, this patient presents with "neck pain, low back pain, and pain in the tail bone." The current request is for MRI of the cervical spine without contrast QTY: 1 "because of the chronicity of her neck and low back pain symptoms." Regarding MRI study, ODG recommends obtaining an MRI for neck pain with radiculopathy after 3 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of the provided reports does not show evidence of prior cervical MRI. In this case, the treating physician documented that the patient presents has radicular pain in the fingers and has limited ROM. ODG support MRI for radiculopathy, which this patient may be suffering from. Given, that the patient has no prior MRI, the request is medically necessary.

MRI of the lumbar spine without contrast QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 chapter; Magnetic resonance imaging.

Decision rationale: According to the 09/24/2014 report, this patient presents with "neck pain, low back pain, and pain in the tail bone." The current request is for MRI of the lumbar spine without contrast QTY: 1 "because of the chronicity of her neck and low back pain symptoms." Regarding MRI study, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of the provided reports does not show evidence of prior lumbar MRI.

In this case, the treating physician does not document that the patient has radicular symptoms to the lumbar spine and physical examination findings do not support radiculopathy. There was no mention of trauma to the spine, and no evidence of red flags. The request does not meet guideline criteria; therefore, the request is not medically necessary.