

Case Number:	CM14-0188786		
Date Assigned:	11/19/2014	Date of Injury:	03/09/2010
Decision Date:	01/07/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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:

According to the records made available for review, the injured worker is a 69 year-old male with a date of injury of 03/09/2010. The results of the injury include neck and lower back pain, with intermittent bilateral leg pain. According to the treating physician's progress note, dated 08/07/2014, diagnoses include cervical radiculopathy and chronic low back pain with radiation into both legs. Subjective reports from the injured worker include severe neck pain and stiffness with upper extremity numbness and tingling; and lower back pain which intermittently radiates down both legs. Physical examination lists slightly diminished sensation in the distal parts of both legs in S1 dermatome distribution, and 1+ knee reflexes, 1+ bilateral ankle jerks, and 3+ in the upper extremities. Treatments have included medications, which were not listed in the submitted documentation. Diagnostic studies have included a Magnetic Resonance Imaging (MRI) of the lumbar spine, dated 10/01/2013, which revealed severe lumbar spondylosis, degenerative scoliosis, collapse of the disc space, osteophyte formation, and foraminal stenosis, more significant at lumbar regions L3-L4 and L4-L5. According to the progress note dated 08/07/2014, the treating physician reports that he cannot make a proper assessment of the lumbar spine problem, and possibly recommend surgical intervention, due to the poor imaging of the Magnetic Resonance Imaging (MRI) dated 10/01/2013. Therefore, the treating physician ordered another study of the lumbar spine, as well as a Magnetic Resonance Imaging (MRI) of the cervical spine. Request is being made for Magnetic Resonance Imaging (MRI) to the cervical spine. On 10/16/2014, Utilization Review non-certified a prescription for Magnetic Resonance Imaging (MRI) to the cervical spine. Utilization Review non-certified a prescription for Magnetic Resonance Imaging (MRI) to the cervical spine based on the request not meeting the guidelines recommendations, as well as a lack of documentation of any red flags. The Utilization

Review cited the CA MTUS, ACOEM, Occupational Medical Practice Guidelines, Second Edition, Chapter 8. Application for independent medical review was made on 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the cervical spine: Overturned

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 Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. Due to the poor quality of the first MRI, the physician's is unable to determine if the patient requires surgery; in other words, clarification of the anatomy prior to an invasive procedure. I am reversing the previous utilization review decision. MRI of the cervical spine is medically necessary.