

Case Number:	CM14-0189884		
Date Assigned:	11/21/2014	Date of Injury:	11/27/2013
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 & Rehabilitation, has a subspecialty in Internvetional Spine 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 43 year old male with an injury date of 11/27/13. Based on the 08/15/14 progress report, the patient complains of low back pain which goes down the entire right lower extremity. The 09/18/14 report states that the patient also has moderate to severe headaches as well as insomnia. He has mild tingling in his legs and describes his pain as aching and dull. The patient ambulates with a cane with an antalgic gait pattern. The 10/28/14 report indicates that there is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is a positive straight leg raise on the right in the seated position at 45 degrees. Sensory is diminished in the right L5 dermatomes of the lower extremity which is a sciatic radiculopathy. He has tenderness to palpation over the cervical paraspinal muscles. Cervical spine range of motion is reduced. On 07/15/14, he had a lumbar transforaminal steroid injection L4-L5 on the right which improved at 50% reduction in pain, improved overall function, reduced reliance on pain medications and improved quality of sleep. The patient's diagnoses include the following: Displacement of lumbar intervertebral disc without myelopathy, headache and Cervicalgia. The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 07/29/14- 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 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 08/15/14 report, the patient presents with low back pain which goes down the entire right lower extremity. The request is for an MRI (Magnetic Resonance Imaging) of the cervical spine to rule out intraspinal pathology. Review of the reports does not show that the patient previously had an MRI of the cervical spine. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications list below. Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit" The 10/28/14 report indicates that the patient has tenderness to palpation over the cervical paraspinal muscles and cervical spine range of motion is reduced. There is no documentation of any radicular pain from the cervical spine nor is there any evidence of progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms. In this case, the patient does not present with any red flags such as myelopathy, bowel/bladder symptoms, and no radiating pain with examination that is unremarkable. Therefore, this request is not medically necessary.