

Case Number:	CM14-0190986		
Date Assigned:	11/24/2014	Date of Injury:	12/24/2009
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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 Pain 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:

The injured worker is a 66-year-old individual with an original date of injury of December 24, 2009. The mechanism of injury occurred in the context of being pushed and falling over a pallet. As a result, the injured worker developed chronic low back pain. The industrially related diagnoses include lumbar strain, lumbar neuritis, chronic neck pain, and cervical ridiculous the. The disputed issue is a request for MRI of the cervical and lumbar spines. The most recent diagnostic imaging of the lumbar spine was an MRI from 2011 which noted multilevel disc disease with 3 mm herniations at L3-L4 and L4-L5. There was also some facet arthropathy noted in the lumbar spine. A utilization reviewer had non-certified both of these requests on 10/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and Lumbar Spines: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 176-177, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter and Low Back Chapter, MRI Topic

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, the most recent progress notes from October and November request a cervical and thoracic MRI but there is no associated note requesting a lumbar MRI. Therefore, the request for the lumbar MRI is not medically necessary. Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is no indication of any red flag diagnoses. On examinations performed in October and November 2014, there is documentation of intact motor strength of the arms, but diminished sensation of the bilateral C6 dermatomes. In cases where the neurologic deficit is equivocal, the ACOEM guidelines specify for additional testing (such as electrodiagnostic study) prior to neck imaging. Specifically on page 179 the following excerpt is found: "Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." Therefore, the requested cervical MRI is not medically necessary.