

Case Number:	CM14-0198202		
Date Assigned:	12/08/2014	Date of Injury:	02/22/2008
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 American Board Internal 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:

This man sustained an industrial injury on 2/22/2008. There are no details regarding the mechanism of injury available. Treatment has included oral and topical medications and surgical fusion of the cervical spine. Two progress notes were available for review. The first was a note from an appointment with a nurse practitioner on 6/9/2014. It describes the worker experiencing increasing pain with decreased range of motion, however, also states that the pain is relieved with heat, rest, and medications. There is tenderness over the paraspinal muscles and facet areas and no new findings on sensory exam. The motor, deep tendon reflexes and orthopedic exams are noted to be unchanged. There were no new recommendations at this visit. A progress note from the pain specialists dated 10/30/2014 states that the worker is complaining of low back pain with lower extremity radiation as well as neck pain with upper extremity radiation. The worker complains of tingling and numbness in his hands and feet that is becoming worse and reports dropping things. The worker also reports that he is under a large amount of stress which has caused insomnia and palpitations. The worker reported that he had an MRI after his cervical fusion, however, a time frame or date as well as the report is not available for review. The physical exam notes the worker is ambulating with a limp, has pain with all movements of the lumbar spine, there is tenderness over the paraspinal muscles and the facet areas, and the worker has mild facet loading signs. Recommendations at this visit include MRI of cervical and lumbar spine without contrast. On 11/12/2014, Utilization Review evaluated a prescription for MRI of the cervical and lumbar spine. The UR physician noted that the worker did not have any documented signs of progression of neurological deficit or indication of hardware loosening. Further, a post-operative cervical spine MRI, however, the results were not submitted for review. The requests were denied and subsequently appealed to Independent Medical Review.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the cervical spine is not medically necessary. The guidelines indicate MRI is not recommended except for the indications listed/enumerated in the Official Disability Guidelines. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Indications are enumerated in the ODG. See guidelines for details. In this case, the injured worker's working diagnoses are lumbosacral radiculopathy; lumbosacral spondylosis; the generation of lumbar intervertebral discs; chronic pain syndrome; cervical radiculopathy; cervical spondylosis; and the generation of cervical inter-vertebral discs. The recommendations in a progress note dated October 30, 2014 states further workup with MRI of cervical/lumbar spine is necessary to evaluate worsening of neck/low back pain and new pains. Orthopedic examination has no new findings. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings just above significant pathology. There was no significant change in the injured worker symptoms and there were no findings suggestive of significant pathology. Additionally, the injured worker had a prior MRI of cervical spine (according to the injured worker) although the report is not in the medical record. Consequently, absent the appropriate clinical indications, MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. The guidelines indicate MRI is not recommended except for the indications listed/enumerated in the Official Disability Guidelines. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Indications are enumerated in the ODG. See guidelines for details. In this case, the injured workers working diagnoses are lumbosacral radiculopathy;

lumbosacral spondylosis; the generation of lumbar intervertebral discs; chronic pain syndrome; cervical reticular apathy; cervical spondylosis; and the generation of cervical inter-vertebral discs. The recommendations in a progress note dated October 30, 2014 states further workup with MRI of cervical/lumbar spine is necessary to evaluate worsening of neck/low back pain and new pains. Orthopedic examination has no new findings. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings just above significant pathology. There was no significant change in the injured worker symptoms and there were no findings suggestive of significant pathology. Additionally, the injured worker had a prior MRI of lumbar spine (according to the injured worker) although the report is not in the medical record. Consequently, absent the appropriate clinical indications, MRI of the lumbar spine is not medically necessary.