

Case Number:	CM14-0204936		
Date Assigned:	12/17/2014	Date of Injury:	04/01/2011
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 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:

Records indicate the patient is a 61-year-old male with 4/1/11 date of injury. The report dated 10/24/14 (28) notes the patient continues to have pain in his low back and it is very difficult for him to bend or twist. He is referred for possible ESI. Exam findings include decreased cervical and lumbar range of motion. It is also noted he has slow gate. Records indicate that previous MRI studies were performed on 8/4/11 demonstrating disc pathology in the neck and lower back. The current diagnoses are: 1. Brachial neuritis/radiculitis 2. Thoracic/lumbar neuritis 3. Pain in the pelvis/thigh 4. Sprain/strain of the neck. The utilization review report dated 11/7/14 denied the request for MRI of the lumbar spine and MRI of the cervical spine based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter.

Decision rationale: Records indicate the patient has chronic low back pain and is making it difficult for him to bend and twist. The current request is for lumbar MRI. The records indicate the patient had a previous MRI scan performed 8/4/11. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter, indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The treater in this case has not presented any evidence of any progressive neurological deficit or red flags. There are no current neurologic deficits, no red flags and the ODG guidelines do not recommend repeat MRI scans without any significant changes in a patient's condition. Recommendation is for denial.

One MRI of cervical spine: Upheld

Claims Administrator 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back Chapter.

Decision rationale: Records indicate the patient has chronic complaints of neck pain. The current request is for MRI of the cervical spine. The ODG guidelines for cervical MRI states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the treating physician fails to even document subjective complaints in the cervical region at the time of the request. There is no discussion of significant change indicative of pathology or that any red flags are present. There are no physical exam findings which demonstrate any type of focal neurological deficit such as motor weakness, diminished reflex, positive nerve tension signs or decreased sensation. Additionally the previous MRI clearly documents pathology in the cervical spine and the diagnosis has therefore been previously confirmed. As such, the recommendation is for denial.