

Case Number:	CM14-0206941		
Date Assigned:	12/15/2014	Date of Injury:	03/29/2010
Decision Date:	04/21/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old male who sustained an industrial injury on 3/29/10. The mechanism of injury was not documented. The 10/31/14 treating physician report indicated that the injured worker presented for a follow-up evaluation and noted deterioration in his condition. He felt more unbalanced than before, he had a number of episodes of his legs giving out (right more than left), and he found himself catching himself as if he was collapsing. Physical exam documented intact gross upper extremity motor strength, normal muscle tone. He had no obvious intrinsic wasting, but described manual dexterity loss. He was able to walk, but had difficulty with tandem gait. He was able to walk on his heels and toes, but was quite weak on the right side. Romberg appeared intact. The diagnosis was multilevel cervical and lumbar spondylosis, multilevel cervical stenosis C3 through C7/T1, moderate to severe spinal stenosis L2 through L5 with L3/4 disc protrusion, and instability at L3/4 with grade 1 anterolisthesis and disc space narrowing at L4/5. The treating physician report opined the patient may have myelopathic findings. He requested MRI imaging of the entire spine. Prior cervical and lumbar MRIs were reported 2 year ago. The 11/17/14 utilization review non-certified the request for lumbar spine MRI as there was no documentation relative to the prior MRI performed or sufficient evidence of significant objective neurologic findings suggestive of new pathology that did not correlate with previous MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (web), 2014, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007), Magnetic Resonance Imaging (MRI), page(s) 52-59.

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Indiscriminant imaging carries the risk of diagnostic confusion. MTUS guidelines do not address repeat lumbar MRI. The ACOEM Revised Low Back Disorder guidelines state that repeat lumbar MRI without significant clinical deterioration in symptoms and/or signs is not recommended. Guideline criteria have been met. The injured worker presents with clinical signs/symptoms and findings consistent with worsening myelopathy. Given the significant change in symptoms and considering prior disc pathology and spondylolisthesis, this request for repeat imaging is reasonable. Therefore, this request is medically necessary.