

Case Number:	CM15-0000945		
Date Assigned:	01/12/2015	Date of Injury:	12/19/2007
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female, who sustained an industrial injury on 12/19/2007. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included cervicalgia, degeneration of cervical intervertebral disc, lumbar spinal stenosis and cervical spinal stenosis. Treatment to date has included water therapy, magnetic resonance imaging (MRI) and physical therapy. Currently, the IW complains of neck pain, bilateral shoulder pain and low back pain. The lower back pain occurs at rest, during activities, during lifting, when bending, with ambulation and when sitting. Pain is better with rest. She has neck and shoulder pain described as aching. The severity of the pain is 8/10. Objective physical examination reveals limited range of motion in the neck in all directions. The shoulder joint is bilaterally painful with abduction past 60 degrees. There is lumbar spine tenderness in the paraspinal muscles. Straight leg raise test is negative. Magnetic resonance imaging (MRI) of the lumbar spine dated 2/20/2014 was read by the evaluating provider as a desiccated disc at the L1-L2 level causing no significant neural foraminal narrowing or canal stenosis, a desiccated disc at the L2-3 level causing mild neural foraminal narrowing and no canal stenosis, desiccated and degenerated disc at the L3-4 level causing moderate to severe neural foraminal narrowing, L4-5 hemangioma with a desiccated disc causing mild neural foraminal narrowing and L5-S1 disc is desiccated and mildly degenerated. There is a 4mm broad based disc bulge superimposed is a 3-4mm central disc protrusion and mild to moderate left and moderate right neural foraminal narrowing. On 12/05/2014, Utilization Review non-certified a cervical spine magnetic resonance imaging (MRI) without contrast and lumbar spine MRI

without contrast noting that the criteria for a repeat MRI have not been established. The ACOEM Guidelines were cited. On 1/05/2015, the injured worker submitted an application for IMR for review of cervical spine MRI without contrast and lumbar spine MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine MRI w/o contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and upper back chapter: MRI

Decision rationale: The patient has complaints of persistent neck, shoulder and low back pain. The current request is for Cervical MRI without Contrast. The attending physician report dated 12/11/14 states that the spine surgeon is requesting update cervical MRI prior to decision regarding need for cervical spine fusion surgery. 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). The exception would be if there is an agreement between the patient and surgeon that a surgery is an option. There appears to be evidence of focal neurological deficits including decreased muscle strength and decreased sensation on physical examination, Additionally the previous MRI clearly documents pathology in the cervical spine. The criteria for repeat MRI appears to be met and therefore, recommendation is for approval of cervical MRI without contrast.

Lumbar Spine MRI w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter: MRI

Decision rationale: The patient has complaints of persistent neck, shoulder and low back pain. The current request is for Lumbar MRI without contrast. The records indicate the patient had a previous MRI scan performed 2/20/14. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter, indicates MRI scans are recommended for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The attending physician in this case has not presented any evidence of any progressive neurological deficit or red flags. The criteria for repeat MRI has not been met, as such recommendation is for denial.

