

Case Number:	CM15-0004929		
Date Assigned:	01/16/2015	Date of Injury:	08/08/2007
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 53 year old female who sustained an industrial injury on August 8, 2007. She has reported pain to bilateral hands, neck, mid back, and lower back and has been diagnosed with carpal tunnel syndrome, cervicalgia, other unspecified back disorder, cervical spine degeneration, lumbar disc degeneration, cervical disc degeneration, thoracic disc degeneration, Lumbosacral disc degeneration and myalgia and myositis. Treatment to date has included epidural steroid injections, medical imaging, physical therapy, and medication management. Currently the injured workers neck pain is under control, mid back pain is under control, and continues to have significant lower back pain radiating to her lower extremity. The medication list include Tramadol, Voltaren, gabapentin, Flexeril, Vicodin, and Lidoderm patch. The patient's surgical history include low back surgery, cervical fusion and removal of the right femoral lymph node and bilateral CTR. The patient has had EMG on 12/1/14 that revealed bilateral upper extremity CTS and EMG of lower extremity revealed prior S1 radiculopathy. Per the doctor's note dated 12/03/14 patient had complaints of pain in neck and back. Per the doctor's note dated 9/4/14 patient had complaints of pain in neck that was radiating to bilateral UE and mid and low back pain that was radiating to legs at 6-10/10. Physical examination of the neck and back revealed tenderness on palpation and limited range of motion, slow gait, diminished sensation in right forearm, 2/5 hand grip strength, and positive SLR and decreased DTRs in UE and LE. The patient has had X-ray of the low back that revealed degenerative changes, X-ray of the cervical spine that revealed old fusion and X-ray of the thoracic spine that revealed spondylosis. The patient has had MRI of the cervical spine on 7/12/13 that revealed disc bulge without foraminal stenosis; MRI of the thoracic spine on 7/8/13 that revealed disc

bulging and disc space narrowing and MRI of low back on 7/8/13 that revealed narrowing of central canal without foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 177-178 / Special studies and diagnostic and treatment consideration. Decision based on Non-MTUS Citation Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

Decision rationale: Request: MRI of cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Per ODG low back guidelines cited below, "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)." As per records provided, the patient has had a MRI of the cervical spine on 7/12/13 that revealed disc bulge without foraminal stenosis; MRI of the thoracic spine on 7/8/13 that revealed disc bulging and disc space narrowing. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Patient does not have any severe, progressive neurological deficits that are specified in the records provided. An electrodiagnostic study of the upper extremities in 12/2014 revealed carpal tunnel syndrome but not cervical radiculopathy. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for MRI of the Cervical Spine is not fully established for this patient.

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 177-178 //Special studies and diagnostic and treatment consideration. Decision based on Non-MTUS Citation Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

Decision rationale: Request: MRI of thoracic spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out."Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. Per ODG low back guidelines cited below, '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 patient has had MRI of the cervical spine on 7/12/13 that revealed disc bulge without foraminal stenosis; MRI of the thoracic spine on 7/8/13 that revealed disc bulging and disc space narrowing. Any significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the thoracic spine was not specified in the records provided. The medical necessity of the request for MRI of the thoracic Spine is not fully established for this patient.

MRI of lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304 // Special studies and diagnostic and treatment consideration. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Low Back (updated 03/03/15) MRIs (magnetic resonance imaging)

Decision rationale: Request: MRI of lumbar spine. Per the ACOEM low back guidelines cited below "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)."ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "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 patient has had MRI of low back on 7/8/13 that revealed narrowing of central canal without foraminal stenosis. Per notes in 9/2014 she had a history of low back pain radiating to the lower extremities and a positive SLR test. An electrodiagnostic study also shows evidence of S1 radiculopathy. This is suggestive of possible significant neurocompression. She has been treated already with medications and physical therapy. The MRI of the lumbar spine is deemed medically appropriate and necessary for this patient.