

Case Number:	CM15-0106587		
Date Assigned:	06/10/2015	Date of Injury:	10/25/2010
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/02/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female who sustained an industrial injury on 10/25/10 when she flew forward after she was tackled from behind injuring her neck and back. She had MRI studies, physical therapy, acupuncture and medications and two neurosurgical consultations. She has had a prior low back injury early in 2010 that was treated with resolution of all symptoms. She complains of new onset of symptoms including bilateral arm pain, neck pain mostly in the scapular region, increased low back pain and intermittent bilateral lower extremity numbness and weakness. She has required increased use of narcotics since these symptoms started and she is falling more often. She has had a prior cervical fusion and noted to have pseudosrthrosis but no loosening of hardware or migration of the implant. Physical exam demonstrates giving way with testing of both upper and lower extremities and sensation is diminished in a patchy distribution. Diagnoses include possible cervical pseudoarthrosis with adjacent level disease; lumbar pain and radiculopathy. She has incontinence issues with bowel and bladder and depression. She had cervical spine x-rays (7/5/12) showing stable anterior cervical discectomy and fusion; MRI of the lumbar spine (7/5/12) showing multifocal lumbar spondylosis, synovial cyst with mild thecal sac compression; cervical spine x-ray (8/22/12) showing status post anterior cervical spine fusion; MRI of the thoracic spine (9/24/12) showing small disc protrusion; MRI of the cervical spine (9/24/12) showing status post anterior cervical interbody fusion with no evidence of hardware complication; cervical myelogram and computed tomography of the cervical spine (12/14/12). On 5/29/15 Utilization Review evaluated a request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Complaints Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) pp 700-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The patient has had prior MRI imaging, and the April 2015 note from neurosurgery does not indicate a reason to obtain MRI of the lumbar spine at this time. Physical therapy measures taken at this time are unclear, and therefore the patient cannot be considered as having failed conservative treatment. Without further indication for imaging, the request for MRI at this time is not medically necessary per the guidelines.