MAXIMUS Federal Services

Case Number:	CM15-0107122		
Date Assigned:	06/11/2015	Date of Injury:	01/01/1995
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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, North Carolina
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 50 year old male, who sustained an industrial injury on January 1, 1995. He was diagnosed with lumbar disc disease, lumbar facet arthropathy, and cervical disc disease. Treatment included anti-inflammatory drugs, muscle relaxants, pain medications, proton pump inhibitor, anti-depressants, anti-anxiety, topical analgesic creams and sleep aides, and work restrictions. Currently, the injured worker complained of increased back pain radiating into the left leg with weakness. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the cervical spine, Magnetic Resonance Imaging of the lumbar spine and retrospective computed tomography scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine without contrast material:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178. Decision based on Non-MTUS Citation http:// www.odg-twc.com/odgtwc/neck.htm#magneticresonanceimaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The CA MTUS Guidelines/ ACOEM Guidelines does recommend MRI or CT of the cervical spine to validate a diagnosis of nerve root compromise based on clear history or physical findings. In this case the patient had a cervical fusion many years ago and complains of chronic neck pain. There are no new neurologic findings. There are no red flag conditions found in the records necessitating an MRI. There is no severe or progressive neurologic deficit present or plans for additional surgery requiring an MRI. Thus this request is deemed not medically necessary or appropriate at this time.

MRI (Magnetic Resonance Imaging) of the lumbar spine without contrast material: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation http:// www.odg- twc.com/odgtwc/low_back.htm#Radiography.

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

Decision rationale: CA MTUS/ACOEM Guidelines recommends MRI/CT imaging in cases of nerve root compromise in the LS spine. Unequivocal findings that identify specific nerve compromise on neurologic exam are sufficient to warrant imaging studies. Also, the presence of red flags, such as progressive nerve compromise or the necessity to clarify anatomy prior to surgery are indications for imaging. In this case, there are no new neurologic findings on physical exam, no red flags and no plans for surgical intervention. Therefore the medical necessity of an MRI of the LS spine has not been established. The request is not medically necessary.

Retrospective CT (computed tomography) scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 303-305, 177-178. Decision based on Non-MTUS Citation http:// www.odg-twc.com/odgtwc/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This is a retrospective request for a CT scan of any unspecified part of the body. CA MTUS/ACOEM Guidelines state that in general MRI is preferred over CT in order to image soft tissue structures in the back. In this case, there is no indication that plain films have been performed, which are a prerequisite for CT scanning. Since no specific body part has been named in the request, the request must be deemed not medically necessary or appropriate.