

Case Number:	CM15-0017755		
Date Assigned:	02/05/2015	Date of Injury:	04/26/2012
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	01/30/2015

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:

This 47-year-old male sustained an industrial injury on 4/26/12. He subsequently reports neck and back pain which radiates to the right arm and right leg. Diagnoses include displacement of lumbar intervertebral disc without myelopathy and cervicalgia. Treatment to date has included EMG testing, injections and Norco and Ibuprofen medications. On 1/28/2015, Utilization Review non-certified requests for MRI of cervical spine without contrast and MRI of lumbar spine without contrast. The MRI of cervical spine without contrast and MRI of lumbar spine without contrast were denied based on MTUS Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for ordering imaging studies.

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

Decision rationale: The patient presents with severe mechanical axial back pain followed by severe neck pain with arm and leg radiculopathies, worst toward the right hand side. This includes pain, numbness and weakness. The current request is for MRI of cervical spine without contrast. The treating physician states on 1/9/15 (B23) " At this point, the most important next step is to gain an accurate diagnosis for the patient. As such, I would like to formally request authorization for a cervical and lumbar MRI as his last ones were outdated in order to gain an accurate diagnosis for the patient's exact current anatomy and pathology." Per UR, previous MRI of cervical spine on 1/10/14 (B11) revealed ' 1. Multi-level degenerative disc disease. There is moderate central canal narrowing at C5-C6 and C6-C7 with small approximately 2 mm disc osteophyte complexes. The central canal narrowing is not significantly changed compared to prior study. 2. Multilevel mild and mild to moderate neural narrowing, moderate in the left C5-C6, C6-C7 and C7-T1 level. This is not significantly changed. 3. There is superimposed congenital narrowing of the spinal canal on a developmental basis. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The treating physician's requesting report was not included for review however, the UR notes the treating physician states on 1/13/15 (B12) "I am requesting updates on MRI of lumbar and cervical spine. Symptoms are worsening and patient was approved for neck surgery." In this case, the treating physician has documented a significant change in symptoms along with increased neurologic signs or symptoms along with a planned surgical intervention. The current request is medically necessary and the recommendation is for authorization.

MRI of lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for ordering imaging studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs.

Decision rationale: The patient presents with severe mechanical axial back pain followed by severe neck pain with arm and leg radiculopathies, worst toward the right hand side. This includes pain, numbness and weakness. The current request is for MRI of lumbar spine without contrast. On 1/9/15 (B23) the neurosurgical consult report states "At this point, the most important next step is to gain an accurate diagnosis for the patient. As such, I would like to formally request authorization for a cervical and lumbar MRI as his last ones were outdated in order to gain an accurate diagnosis for the patient's exact current anatomy and pathology, rule out cervical and lumbar disc herniation's." Per UR, previous MRI of lumbar spine on 7/13/12 (B11) revealed ' 1. Cryptic lumbosacral junction with U-Si counted as the last true disc. 2. Asymmetric right-sided facet hypertrophy at L4-5 and U-Si. 3. Congenitally small central canal due to short pedicles and epidural lipomatosis. 4. Severe central stenosis at L4-5 due primarily to facet hypertrophy. ACOEM and MTUS guidelines do not address repeat MRI scans. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Per UR, the treating physician states on 1/13/15

(B12) "I am requesting updates on MRI of lumbar and cervical spine. Symptoms are worsening and patient was approved for neck surgery." In this case, the treating physician has documented a significant change in symptoms along with increased neurologic signs and symptoms. The current request is medically necessary and the recommendation is for authorization.