

Case Number:	CM15-0134970		
Date Assigned:	07/23/2015	Date of Injury:	09/01/2010
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 50 year old female, who sustained an industrial injury on 9/01/2010. Diagnoses include cervical spondylosis, cervical stenosis and chronic low back pain. Treatment to date has included medications including home physical therapy, modified work and Naprosyn. Per the Supplemental Report dated 7/02/2015, the injured worker reported ongoing complaints of activity moderated neck pain that comes with repetitive change of motion of the cervical spine, especially cervical flexion. When this occurs she has pain radiating up into the head causing cervicogenic headache. Low back pain is activity moderated although she does have a low level of constant back pain. With activity she has aching, moderate lumbar spine pain and intermittent aching/burning pain into the anterolateral thighs. There is some intermittent numbness down into the left thumb when symptoms are really aggravated. Physical examination of the cervical spine revealed mild tenderness with no spasm. Ranges of motion include flexion 60 degrees, extension 20 degrees, right and left rotation 50 degrees and right and left lateral flexion 45 degrees. Examination of the lumbosacral spine revealed no tenderness, no pain and no spasm. Ranges of motion include flexion 45 degrees, extension 10 degrees, right and left rotation 30 degrees and right and left lateral flexion 20 degrees. The plan of care included diagnostics and medications. Prescriptions for Norco and Mobic were given. Authorization was requested for magnetic resonance imaging (MRI) for lumbar and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for lumbar and neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

Decision rationale: MTUS 2009 recommends advanced imaging studies of the neck and low back to evaluate neurologic dysfunction and/or "red flag" diagnoses such as tumors. This patient has increased pain in the neck and low back without any neurologic deficits. The patient has undergone a cervical fusion. The medical records do not mention whether hardware was used. The physical exam describes biomechanical symptoms associating with flexion of the neck and back. There are no x-rays included in the medical records which screen for ligamentous laxity, hardware loosening or osteophytic spurring. This request for an MRI of the neck and low back does not adhere to MTUS 2009. MTUS 2009 specifically states that MRI's should be used to evaluate neurologic damage or red flag concerns as opposed to increased pain in an individual diagnosed with chronic pain. Furthermore, there have been no screening x-rays to evaluate pain with motion or hardware loosening (if applicable). This request for an MRI of the neck and low back is not medically necessary.