

Case Number:	CM15-0137596		
Date Assigned:	07/27/2015	Date of Injury:	04/29/2013
Decision Date:	08/28/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/16/2015

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, New York, California
 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 applicant is a represented 62-year-old who has reportedly filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 29, 2013. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve a request for cervical and lumbar MRI imaging. The claims administrator referenced a June 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported ongoing complaints of neck pain radiating to the right arm. The applicant had been given work restrictions. It was not clear whether the applicant was or was not working with limitations in place, it was reported. Some tenderness about the cervical paraspinal musculature and weakness about the right triceps musculature was appreciated. Some right hand finger extension weakness was also reported. The applicant was using a walker to move about. Weakness about the ankle dorsiflexors was appreciated. MRI imaging of the cervical and lumbar spines were proposed. The treating provider stated that he had previously endorsed these studies on an earlier note of June 10, 2015. On June 10, 2015, the applicant reported ongoing complaints of neck pain radiating to the bilateral arms, right greater than left. Low back pain radiating to bilateral thighs was reported. The applicant was using a walker to move about, it was reported. The applicant was severely obese, standing 5 feet 2 inches tall, and weighing 230 pounds, it was reported. The applicant exhibited lumbar range of motion with trace weakness about the right and left triceps musculature, possibly pain-induced. Positive straight leg raising with trace weakness of the ankle dorsiflexors and hip abductors was reported. The applicant also exhibited venous stasis dermatitis, it was reported. Cervical and lumbar MRI studies were sought on the grounds that previous studies were of suboptimal quality. The attending provider stated he need to definitive decision on possible surgical care involving both the cervical and lumbar spines. The requesting provider was an orthopedic spine surgeon, it was reported.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute and Chronic) (updated 5/12/2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Yes, the proposed cervical MRI was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider was an orthopedic spine surgeon. The requesting provider did state that he was going to act on the results of the proposed study and/or consider surgical intervention in his June 10, 2015 progress note. Progress note of June 10, 2015 and June 24, 2015 both suggested that the applicant was using a walker to move about and did exhibit some weakness about the right triceps musculature, possibly pain-induced. Moving forward with MRI imaging to delineate the source of the applicant's weakness was, thus, indicated, particularly in light of the fact that the treating provider stated that he would consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back-Lumbar and Thoracic (Acute and Chronic) (updated 5/15/2015).

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

Decision rationale: Similarly, the request for lumbar MRI imaging was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in the ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, the requesting provider, a spine surgeon, did state on June 10, 2015 that he was willing to consider a surgical intervention based on the outcome of the study in question. The applicant was using a walker to move about, presumably to ameliorate issues with lower extremity weakness. The applicant was described as having trace weakness of the ankle dorsiflexors on June 10, 2015, possibly pain-induced. Nevertheless, moving forward with MRI imaging to delineate the extent of the applicant's weakness and gait derangement was indicated, particularly in light of the fact that the treating provider stated on June 10, 2015 that he was intent on employing the study to make decision as to whether to intervene surgically or not. Therefore, the request was medically necessary.