

Case Number:	CM15-0140457		
Date Assigned:	07/30/2015	Date of Injury:	07/20/2007
Decision Date:	09/02/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/20/2015

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 57-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of July 20, 2007. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve requests for cervical and lumbar MRI imaging. The claims administrator referenced an RFA form received on June 11, 2015 in its determination, along with an associated progress note of June 10, 2015. The claims administrator did, however, approve electro diagnostic testing of the right lower extremity. The applicants attorney subsequently appealed. The claims administrator's medication evidence log, however, suggested that the most recent note provided was dated May 6, 2015; thus, the June 10, 2015 progress note, which the claims administrator based its decision upon, was not seemingly incorporated into the IMR packet. On May 4, 2015, the applicant received a cervical epidural steroid injection. In a May 1, 2015 progress note, the claimant reported 8/10 neck pain complaints status post receipt of an epidural steroid injection. The applicant was on Norco for pain relief. The applicant had undergone two prior lumbar fusion surgeries, it was reported. The applicant was still smoking every day, it was acknowledged. The applicant's BMI was 24. The applicant exhibited decreased range of motion about the cervical and lumbar spines. The applicant exhibited normal gait with normal heel and toe ambulation, it was incidentally noted. Normal muscle bulk, tone, and strength were also appreciated. The applicant was asked to continue non-operative treatment, it was reported. In a May 6, 2015 progress note, the applicant's pain management physician suggested pursuit of a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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), Indications for imaging-MRI.

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

Decision rationale: No, the request for an MRI of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, a May 1, 2015 progress note, referenced above, suggested that the applicant was satisfied with non-operative treatment. The applicant was asked to continue non-operative treatment at that time. A clear rationale for the cervical MRI at issue was not established here. The June 10, 2015 progress note, which the claims administrator based its decision upon, was not incorporated into the IMR packet. The historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging-MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304; 309.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is 'recommended' as the test of choice for applicants who have had prior back surgery, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated, here, however, there was no mention that the claimant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine as of the historical May 1, 2015 progress note, referenced above. At that point, it was stated that the applicant was satisfied with non-operative treatment. While it is acknowledged that the more recent June 10, 2015 progress note in which the claims administrator based its decision upon was not incorporated into the IMR packet, the

historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.