

Case Number:	CM15-0181614		
Date Assigned:	09/22/2015	Date of Injury:	11/05/2013
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/15/2015

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 is a 48-year-old male with a date of injury on 11-5-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain with multi-level degenerative disc disease and low back strain. According to the supplemental report dated 6-11-2015, magnetic resonance imaging (MRI) of the cervical spine performed on 9-12-2015 was reviewed which showed degenerative disc disease with disc desiccation and a 3mm midline posterior disc protrusion at the C2-3 level with moderate central canal stenosis at the C2-3 level. At the C3-4 level, there was disc desiccation with bilateral uncovertebral bony hypertrophy and left foraminal stenosis. At the C4-5 level, there was disc desiccation consistent with degenerative disc disease with mild central canal stenosis and uncovertebral hypertrophy bilaterally with bilateral foraminal stenosis at the C4-5 level. At the C5-6 level there was degenerative disc disease with disc desiccation and a 2mm posterior disc protrusion with mild central canal stenosis. It was noted that the injury of 11-5-2013 was not at a permanent and stationary status. There was no physical exam documented. Prior treatments were not documented. The request for authorization dated 9-2-2015 was for magnetic resonance imaging (MRI) of the cervical and lumbar spines. The original Utilization Review (UR) (9-11-2015) denied a request for magnetic resonance imaging (MRI) of the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter (Neck and Upper Back Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Neck Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient is diagnosed with low back strain; and cervical strain with multilevel degenerative disk disease. The current request is for a MRI of the cervical spine. Prior MRI of the cervical spine performed on 9/12/14 revealed degenerative disk disease and disk desiccation and a 3-mm mid-line posterior disc protrusion at the C2-3 level with moderate central stenosis at the C2-3 level. At the C3-C4 level, there was a disk desiccation with bilateral uncovertebral bony hypertrophy and left foraminal stenosis. At the C4-C5 level, there was a disk desiccation consistent with degenerative disk disease with mild central canal stenosis and uncovertebral hypertrophy bilaterally with bilateral foraminal stenosis. At the C5-C6 level, there was degenerative disk disease with disk desiccation and a 2 mm posterior disk protrusion with mild central canal stenosis and a 3 mm left foraminal disk and osteophyte protrusion causing narrowing of the neural foramen. The treating physician requests on 9/2/15 (24B), "MRI of the cervical spine." 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)." In this case, a comprehensive physical examination was not provided nor did the report included for review state the rationale for the request. The RFA was provided. In this case, the treating physician has not documented a significant change in symptoms or findings suggestive of significant pathology. The current request is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient is diagnosed with low back strain; and cervical strain with multilevel degenerative disk disease. The current request is for a MRI of the lumbar spine. The treating physician states on 6/11/15 (27B) that a diagnosis of a lumbar spine injury was made without any diagnostic studies being performed. An MRI of the lumbar spine was requested, "in order to have enough information to make an accurate diagnosis based on substantial medical

evidence and reasonable medical probability." MTUS guidelines do not address lumbar spine MRI scans. ODG states that MRIs (magnetic resonance imaging) are recommended for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit or if there is suspicion of cancer, infection, other "red flag". In this case, a comprehensive physical examination was not provided. The treating physician has not presented any evidence of any progressive neurological deficit or red flags. Additionally, there is no documentation of radiculopathy or failure of conservative care. The current request is not medically necessary.