

Case Number:	CM15-0187315		
Date Assigned:	09/29/2015	Date of Injury:	09/26/2013
Decision Date:	11/06/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 66 year old male who sustained an industrial injury on 09-26-2013. A secondary treating physician report of 03-27-2015 notes he has "chronic disability issues relating to his back and elsewhere". Medical records indicated the worker was treated for knee and low back pain, and had a total knee arthroplasty of the left knee (04-16-2015) followed by physical therapy. His diagnoses also include lumbar-lumbosacral disc degeneration, derangement post medial meniscus, late effect sprain/strain, and sprain of neck. In the provider notes of 09-03- 2015 the worker is seen as an established patient returning, and orders are issued for a MRI of the lumbar spine without contrast, and a MRI of the cervical spine without contrast. His medications are listed as Ultram and Robaxin. The record documents no treatment plans, and there are no examination notes at this encounter. In a questionnaire of 09-03-2015, the worker complains of an aching in the left shoulder, and burning pain in the right knee and left shin area. On a scale of 0-10, he rates his pain as a 7-8. He notes in a questionnaire that his pain was "fairly severe", and "it is painful to look after myself, and I am slow and careful". Continuing information in the questionnaire notes that lifting heavy objects caused no pain, walking was restricted and he used a cane or crutches, sitting was limited to 1 hour, standing was tolerated for less than ten minutes, and he notes disturbed sleep and pain that restricts his sex life. A request for authorization was submitted for Outpatient MRI of the Lumbar Spine and Outpatient MRI of the Cervical Spine. A utilization review decision 09-10-2015 denied both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant had an MRI a year ago which showed disc bulging displacing the S nerve root. There was a plan for epidural injections. The spine surgeon recommended repeat imaging and depending on findings and continued symptoms, would consider surgery. The request for MRI of the lumbar spine is medically necessary and appropriate.

Outpatient MRI of the Cervical Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, the claimant did have C4-C5 foraminal narrowing with decreased sensation in that distribution. The spine surgeon requested an updated MRI and depending on findings and the claimant's symptoms, the surgeon would consider surgery. The request for a cervical spine MRI is medically necessary and appropriate.