

Case Number:	CM15-0193650		
Date Assigned:	10/07/2015	Date of Injury:	02/28/2011
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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, 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:

This is a 56 year old male patient, who sustained an industrial injury on 02-28-2011. The diagnoses have included cervicalgia; cervical disc displacement; cervical radiculitis; low back pain; lumbar disc displacement; and lumbar radiculopathy. Per the progress note dated 8/3/15, he had complaints of pain in the cervical spine with radiation into the upper extremities and associated with headaches; pain in the low back that with radiation into the lower extremities. Per the progress note from the treating physician, dated 06-24-2015, he had intermittent pain in the cervical spine with radiation into the upper extremities and associated with headaches; constant pain in the low back that with radiation into the lower extremities. The physical examination revealed palpable cervical paravertebral muscle tenderness with spasm; a positive axial loading compression test; Spurling's maneuver positive; range of motion limited with pain; palpable lumbar paravertebral muscle tenderness with spasm; seated nerve root test positive; standing flexion and extension guarded and restricted; tingling and numbness in the lateral thigh, anterolateral, and posterior leg, as well as foot, and L5 and S1 dermatomal patterns; 4 strength in the extensor hallucis longus and ankle plantar flexors, and L5 and S1 innervated muscles; and ankle reflexes asymmetric. Medications have included non-steroidal anti-inflammatories, Nalfon, Tramadol, Cyclobenzaprine, and Omeprazole. He had lumbar spine MRI dated 12/5/2013 which revealed posterior disc bulge at L4-5 and L5-S1 with compromise on exiting nerve root bilaterally, 1 cm mass in the lower pole of the right kidney likely benign simple cyst; EMG/NCS of the lower extremities dated 9/25/2012 with normal findings. Per the note dated 5/28/15, he had cervical MRI on unspecified date which revealed multilevel disc bulges, more pronounced at C3-4. He had a lumbar epidural steroid injection and has improved pain. Treatment to date has

included medications, diagnostics, heat, ice, lumbar epidural steroid injection, home exercise program. The provider has noted that MRI of the cervical spine is necessary as the injured worker has had cervical spine pain with arm pain and numbness lasting longer than 4-6 weeks; and MRI of the lumbar is necessary as the injured worker has had lumbar spine pain with leg pain and numbness lasting longer than 4-6 weeks. The treatment plan has included the request for MRI of the cervical spine; and MRI of the lumbar spine. The original utilization review, dated 09-18-2015, non-certified the request for MRI of the cervical spine; and MRI of the lumbar spine.

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 Neck and Upper Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (updated 6/25/15) MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: MRI of the cervical spine. The ACOEM guidelines recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The last clinical note was dated 8/3/2015. A recent detailed clinical evaluation note is not specified in the records provided. The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. She has had a MRI cervical spine in the past. The date and report of this MRI was not specified in the records provided. Per ODG neck/ upper back guidelines cited below "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Significant change in signs or symptoms since the previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Evidence of failure of recent conservative therapy including pharmacotherapy is not specified in the records provided. A recent cervical spine X-ray report is not specified in the records provided. The medical necessity of MRI of the cervical spine is not established for this patient.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter (updated 7/17/15) MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine. Per the ACOEM low back guidelines, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Last clinical note was dated 8/3/2015. A recent detailed clinical evaluation note is not specified in the records provided. The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Per the records provided patient has already had a MRI of the lumbar spine dated 12/5/2013 which revealed posterior disc bulge at L4-5 and L5-S1 with compromise on exiting nerve root bilaterally, 1 cm mass in the lower pole of the right kidney likely benign simple cyst; EMG/NCS of the lower extremities dated 9/25/2012 with normal findings. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Response to recent conservative therapy including pharmacotherapy is not specified in the records provided. A recent lumbar spine X-ray report is not specified in the records provided. The medical necessity of MRI of the lumbar spine is not fully established for this patient at this juncture.