Case Number:	CM15-0193967		
Date Assigned:	10/08/2015	Date of Injury:	05/20/1994
Decision Date:	11/18/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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
Certification(s)/Specialty: Emergency 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 injured worker is a 60 year old, male who sustained a work related injury on 5-20-94. A review of the medical records shows he is being treated for neck and low back pain. Treatments have included medications, a cervical radiofrequency ablation (on 4-12-12, "produced 30% reduction in pain"), acupuncture, chiropractic therapy, epidural steroid injections, exercises, facet injections (last one 3-3-15, "60% improvement"), physical therapy, ice-heat therapy, nerve blocks, and trigger point injections. Current medications include Lunesta, Tizanidine and Oxycodone-Acetaminophen. In the progress notes, the injured worker reports neck and low back pain. He describes the pain as sharp, aching, burning, stinging, throbbing, stabbing and constant. He states symptoms are "worsening." He associates the neck pain with headaches and muscle stiffness. He reports decreased cervical range of motion and spasms. He reports lumbar back pain is referred to both hips and both knees. He has associated muscle spasms and muscle stiffness. These reported symptoms have not changed much in the last few visits. In the objective findings dated 8-25-15, he has tenderness of all cervical area and spinal area. He has pain and decreased cervical range of motion. He has tenderness over lumbar area and lumbar spinal area. He has pain and decreased lumbar range of motion. He has normal strength and muscle tone in lumbar area. MRI of lumbar spine dated 2-13-15 reveals "at L1-2: there is posterocentral annular bulge of disc which does not touch or efface the dural sac or exiting nerve root. At L2-3: there is posterocentral annular bulge of disc and mild facet arthropathy resulting in mild foraminal narrowing bilaterally, more pronounced on the left than on the right. At L3-4: there is posterocentral annular bulge of disc and moderate facet arthropathy resulting in moderate central narrowing of the spinal canal and marked foraminal narrowing bilaterally. At L4-5: there is moderate facet arthropathy, disc desiccation, and posterocentral annular bulge of disc as well as

hypertrophy of the ligamentum flavum. This results in moderate central narrowing of the spinal canal and moderate foraminal narrowing bilaterally. Unchanged from prior exam. At L5-S1: there is disc desiccation, posterocentral annular bulge of disc, moderate facet arthropathy on the left and mild facet arthropathy on the right resulting in moderate foraminal narrowing on the left and mild foraminal narrowing on the right. Unchanged from prior exam." Also had MRI of lumbar spine done on 4-26-12. He is retired. The treatment plan includes requests for MRIs of the cervical and lumbar spine and refills of medications. In the Utilization Review dated 9-9-15, the requested treatments of MRIs of the cervical and lumbar spine are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary, and Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per MTUS ACOEM guidelines, basic criteria for imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. Patient has had MRIs done already with known underlying pathology. There is no justification documented for why MRIs of lumbar and cervical spine was needed. MRIs of cervical and lumbar spine are not medically necessary.