

Case Number:	CM15-0196318		
Date Assigned:	10/09/2015	Date of Injury:	08/17/2000
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 60 year old female who sustained an industrial injury on 8-17-2000. Active problems are noted as bone-cartilage disorder, lumbar pain, lumbar radiculopathy, muscle strain of left lower leg, and nervous system complications from surgical implanted device. In an encounter note dated 9-15-15, the physician notes she was doing well until home physical therapy overworked her left leg and has been in pain since. Xrays are noted to show interval PLIF (posterior lumbar interbody fusion) cage migration. She is status post revision PLIF L2-3 on 12-30-14. (4-2015 left thigh pain rated 3-7 out of 10, 9-4-15 rated 9 out of 10) On 9-15-15, complaint of pain was noted on the left lateral hip and iliotibial band region, and spasms and twitching at night throughout her body. Pain is rated 5-7 out of 10 and is taking Norco. The assessment notes MRI-brain and cervical spine- "beginning to shake throughout her body, rule out myelopathy." The treatment plan notes nerve conduction study-electromyography of bilateral lower extremities, magnetic resonance therapy (MRT) with transmagnetic stimulation of brain and periphery 10-20 sessions, and if she fails conservative management; exploratory surgery with explant and revision hardware removal of lower hardware. The requested treatment of MRI- brain without contrast and MRI- cervical spine without contrast was non-certified 9-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI brain without contrast: 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), Head - Magnetic resonance imaging (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Head, MRI.

Decision rationale: The patient presents with pain affecting the low back with radiation into the bilateral lower extremities. The current request is for MRI brain without contrast. The treating physician report dated 9/15/15 (21B) states, "MRI brain without and MRI cervical spine without beginning to shake throughout her body. r/o myelopathy." The MTUS guidelines do not address the current request. The ODG guidelines recommend MRIs of the head if certain criteria is met. The medical reports provided do not show that the patient has received an MRI of the head previously. In this case, the patient does not meet the necessary criteria for an MRI of the head as there is no documentation of neurological deficits not explained by CT, no evidence of prolonged interval of disturbed consciousness and no evidence of acute changes super-imposed on previous trauma or disease. The current request is not medically necessary.

MRI C-spine without contrast: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Neck & Upper Back, MRI.

Decision rationale: The patient presents with pain affecting the low back with radiation into the bilateral lower extremities. The current request is for MRI brain without contrast. The treating physician report dated 9/15/15 (21B) states, "MRI brain without and MRI cervical spine without beginning to shake throughout her body. r/o myelopathy." The MTUS guidelines do not address the current request. In addition, ODG under the neck and upper back chapter on MRI states, "MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor infection and fracture or for a clarification of anatomy prior to surgery." The medical reports provided do not show that the patient has received an MRI of the cervical spine previously. In this case, the patient presents with nervous system complications from surgical implanted device accompanied with spasms and twitching throughout her entire body. The treating physician is requesting an MRI of the cervical spine in order to diagnose the root of the patient's symptoms so that he can treat the patient accordingly. The current request is medically necessary.