MAXIMUS Federal Services

Case Number:	CM15-0196981		
Date Assigned:	10/12/2015	Date of Injury:	11/18/1999
Decision Date:	11/18/2015	UR Denial Date:	10/01/2015
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
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 51 year old male, who sustained an industrial injury on 11-18-1999. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, chronic neck and low back pain, lumbar facet syndrome, shoulder joint pain, cervical herniated disc, and right-sided cervical radiculopathy. Medical records (02-04-2015 to 09-22-2015) indicate ongoing neck pain with radiating pain from the neck to both shoulders and upper extremities, and mid-to-low back pain. Pain levels were 4-9 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels. The IW's work status was not specified. The physical exam, dated 09-22-2015, revealed midline cervical tenderness upon palpation, cervical paravertebral; muscle spasms, pain with cervical range of motion (ROM) and facet loading, spasms in the thoracic spine, thoracic paravertebral muscle spasms, mid-line tenderness in the lumbar spine, lumbar paravertebral muscle spasms, pain with lumbar ROM and facet loading, decreased ROM in the bilateral shoulders, and tenderness over the anterior and poster aspects of the bilateral shoulders. Relevant treatments have included: cervical epidural steroid injection with 75% symptoms relief, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (2013) showed a 2mm posterior annular disc bulge at L3-4, and mild facet arthrosis at L4-S1. The request for authorization (09-22-2015) shows that the following service was requested: MRI of the lumbar spine without contrast. The original utilization review (10-01-2015) non-certified the request for MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine without contrast: Upheld

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

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

Decision rationale: Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic 1999 injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support repeating this imaging study done in 2013 showing 2 mm disc bulge and mild facet arthrosis. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of Lumbar Spine without contrast is not medically necessary and appropriate.