

Case Number:	CM15-0199296		
Date Assigned:	10/14/2015	Date of Injury:	02/02/2001
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 57 year old male who sustained an industrial injury on 2-2-01. A review of the medical records indicates he is undergoing treatment for cervical spinal stenosis, low back pain, pain disorder associated with psychological and medical condition, cervical facet arthropathy, cervical radiculopathy, cervicalgia, and hip arthralgia. Medical records (7-29-15 to 8-26-15) indicate ongoing complaints of chronic low back pain, lower extremity pain, radiculopathy, cervicalgia, and upper extremity radiculopathy. The injured worker reports that he is "falling every other day". He reports that there is "no warning" and that his legs "give way". He reports that his right hip pain is worse, stating that it "feels squishy". He also reports that his left hip is now bothering him, as well. The injured worker was seen by a surgeon on 8- 18-15, requesting updated MRIs of the cervical and lumbar spine to evaluate the need for surgery, as the injured worker "has failed conservative treatment". The primary treating provider indicates that an order was provided for an open MRI for cervical and lumbar imaging "so that the surgeon may plan for appropriate procedure". The treating provider also states "he is complaining of every increasing symptoms which could certainly be related to myelopathy injury of the spinal cord". The utilization review (9-10-15) includes a request for authorization of one open MRI of the cervical and lumbar spine. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and 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 MRIS in February 2015, which showed degenerative changes. The claimant was seen by a USCF surgeon who had requested updated MRIs per the claimant but the surgeon's note was not noted. There was no indication why the surgeon could not have ordered it themselves. As a result, another MRI is not medically necessary.