

Case Number:	CM15-0204097		
Date Assigned:	10/21/2015	Date of Injury:	10/20/2014
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/16/2015

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 53 year old male, who sustained an industrial injury on 10-20-14. The injured worker was diagnosed as having chronic pain; cervical radiculitis; cervical facet joint pain; myofascial pain; degeneration lumbar intervertebral disc; lumbar radiculopathy. Treatment to date has included physical therapy (x12); chiropractic therapy (x12); medications. Diagnostics studies included X-rays cervical and thoracic spine. Currently, the PR-2 notes dated 7-14-15 indicated the injured worker complains of chronic neck, low back pain and leg pain and noted diabetic. The provider notes the injured worker received initial conservative treatment of chiropractic and physical therapy and was released to home exercise program and working a modified duty by a chiropractor on 4-24-15. He is seeking medical care at this time and presents to this office. The injured worker complains of bilateral neck pain associated with numbness in the bilateral upper extremities (right 4th and 5th digits, left entire hand. Numbness is reported to run from the neck to both hands.) He also complains of bilateral low back pain noted as left L5 distribution characterized as electrical; shooting and stabbing pain with spasms that is constant but variable in intensity. It is associated with numbness in the left lower extremity but no weakness. On physical examination, the provider documents an antalgic gait favoring the left. The cervical spine is tender to palpation over the paraspinal muscles with a 2+ muscle spasm over the trapezius muscles. The lumbar spine notes tenderness to palpation over the paraspinal muscles overlying the facet joints on both sides; trigger points noted over the lower paraspinal with 2+ muscle spasm noted over lower paraspinal; range of motion notes flexion limited to 45 and extension to 20 degrees. Straight leg raising seated is positive on the left side at the

alignment and lumbar spine is normal. Motor strength for the left knee extensors is 4 out of 5 and left ankle dorsiflexors is 4 out of 5. There is muscle atrophy noted in the anterior thigh of the left lower extremity. The injured worker has had x-rays of the lumbar spine on 4-7-15 and the provider reports "moderate lumbar spondylosis with probable osteophyte involving the uncinated process of the L3-L4 vertebral bodies." A thoracic x-ray is noted on 4-21-15 as "unremarkable". The provider's treatment plan notes "this patient's history and physical examination seems most consistent with cervical radiculitis and lumbar radiculopathy. Lumbar facet arthritis similarly cannot be excluded given the x-rays findings." He is requesting more diagnostic information to decide the interventional pain management for this injured worker. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 9-17-15 and non-certification for a MRI of the cervical spine without contrast and MRI of the lumbar spine without contrast. A request for authorization has been received for MRI of the cervical spine without contrast and a 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 the cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, there were persistent and chronic symptoms despite unremarkable x-rays and conservative care. There were radicular symptoms and plan for possible interventional pain management. The request for a cervical MRI is medically necessary.

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS 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, there were persistent and chronic symptoms despite unremarkable x-rays and conservative care. There were radicular symptoms and plan for possible interventional pain management. The request for a lumbar MRI is medically necessary.