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| Case Number: | CM15-0208361 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 06/04/2010 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/22/2015 |

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 54 year old male who sustained an industrial injury on 6-4-10. A review of the medical records indicates he is undergoing treatment for reflex sympathetic dystrophy of the lower limb, disorders of the bursae and tendons in the shoulder region, wrist pain, and lumbar spinal deformity with an at least 35 degree levoscoliosis at the L2-3 level, marked disc deterioration, facet arthropathy, L1-S1, grade 3 modic changes and bone-on-bone pathology L2-3, and high grade foraminal stenosis bilaterally greater towards the right side L1-S1. Medical records (5-29-15, 6-26-15, 7-24-15, 8-21-15, and 9-26-15) indicate ongoing complaints of low back pain, as well as pain in the right hip, right knee, right foot "with radiation to the arms and legs". The pain is associated with tingling and weakness in the legs and feet. He has rated his pain "9 out of 10". The 9-26-15 record indicates complaints of "severe mechanical axial back pain", involving the lumbar and thoracic spine. The treating provider indicates "severe leg radiculopathies", noting "severe" pain down both the front and back of his right leg to the foot with associated numbness and "marked" weakness. He also complains of pain that radiates to the arms bilaterally with weakness of the arms. The physical exam (9-26-15) reveals that his gait is slow and that he uses a cane. He is noted to have a "substantial" limp on the right leg. He has difficulty getting in and out of a chair. "Truncal" range of motion is noted to be 0 degrees extension, 15 degrees flexion, and 30 degrees lateral rotation. Sensation is diminished throughout the entire right leg and the left S1 dermatomal distribution. Reflexes are absent. Diagnostic studies have included MRIs of the thoracic and lumbar spine. Treatment has included physical therapy and medications. The utilization review (10-2-15) includes a request

for authorization of an MRI of the cervical spine 3.0 Tesla without contrast. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine 3.0 tesla without contrast: 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.

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. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.