

Case Number:	CM15-0209408		
Date Assigned:	10/28/2015	Date of Injury:	11/07/2006
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 41 year old male, who sustained an industrial injury on 11-7-06. The injured worker was diagnosed as having chronic pain; colitis; anxiety; depression; headaches; lumbar radiculopathy; sacral radiculopathy; lumbar spondylosis; and thoracic back pain. Treatment to date has included physical therapy and medications. Diagnostics studies included MRI lumbar spine (7-29-15). Currently, the PR-2 notes dated 8-27-15 indicated the injured worker presents for a follow-up of chronic pain in low back radiating to bilateral lower extremity to level of feet. Injured worker also complains of severe bilateral knee pain and upper back pain. He reports the pain severely limits his activities of daily living. The provider documents "re-trial of DCS necessary; excellent results anticipated and then will request permanent placement of DCS unit for relief of severe, constant, unrelenting pain that is worsening over time, followed by a tapering of prescribed medication with ultimate goal of complete discontinuation of narcotics." The provider also note the injured worker "reports fell from steps 6-26-15 when legs gave out; fell backwards, striking the back of head (but not hard) on sack of mulch, followed by gradual increase in neck pain that radiated into head, now severe headache 24 hours per day. " Back pain is reported by the injured worker that is radiating to the foot, bilateral at times to the bottom of feet; low back pain and upper back. The quality of pain is sharp, tingling, stabbing and burning, and worsening (due to fall 6-26-15). The provider notes pain levels "7 out of 10; moderate 5-7 out of 10 and interferes with sleep." The provider is requesting a cervical MRI since the injured workers fall and continuous headaches. A Request for Authorization is dated 10-23-15. A Utilization Review letter is dated 9-23-15 and non-certification for MRI of the cervical spine with and without contrast. A Request for Authorization has been received for MRI of the cervical spine with and 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 with and without contrast: Upheld

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): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The CA MTUS is silent on the issue of MRI for the cervical spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered for a specific anatomic defect or red-flag diagnoses are undergoing evaluation. The cited ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. One of the criteria for cervical MRI is neck pain with radiculopathy if severe or progressive neurologic deficit is present. In the case of this injured worker, the treating provider notes do not document any neck pain with radiculopathy, nor demonstrated red-flag diagnoses, or progressive neurologic deficits. In addition, cervical spine x-rays from 8-26-15 showed reversal of normal lordosis, but no abnormalities seen. Therefore, the request for MRI of the cervical spine with and without contrast is not medically necessary and appropriate at this time.