

Case Number:	CM15-0209976		
Date Assigned:	10/28/2015	Date of Injury:	07/16/2014
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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 54 year old female who sustained an industrial injury on 7-16-14. A review of the medical records indicates that the worker is undergoing treatment for spinal stenosis lumbar region, scoliosis-unspecified, spondylolisthesis -site unspecified, and cervical disc disorder with myelopathy. Subjective complaints (10-12-15) include a fall while descending stairs due to quad giving out, resulting in "significant" impact to head, neck and low back. It is noted the worker has existing hardware in her neck from a multilevel cervical fusion. Objective findings (10-12-15) include skull is normocephalic, neck is supple, trachea is midline, tenderness to palpation at the L4-5 region, abnormal lumbar spine range of motion in extension, flexion and side bending due to severity of pain and muscle spasm, thoracolumbar kyphosis present, flat back syndrome, and right iliopsoas and quadriceps weakness at 4- out of 5, deep tendon reflexes of upper and lower extremities are symmetrical and graded at 2 out of 4. A (9-24-15) progress note reports surgery was denied, severe lumbar pain and quad weakness, high fall risk, injection helped only 1 week and physical therapy request was denied. The diagnoses (10-12-15) are noted as acquired spondylolisthesis, spinal stenosis-lumbar with neurogenic claudication, kyphosis postlaminectomy, and other kyphoscoliosis and scoliosis. The care plan notes: "STAT studies due to recent fall and trauma to head, neck and lumbar spine" and " while the claim is lumbar based, the trauma was due to the quad giving out, and the neck has to be evaluated since it is a site of prior 4 level fusion." The requested treatment of an MRI cervical spine without contrast was non-certified on 10-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine w/o contrast: Upheld

Claims Administrator 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 & Upper Back Chapter.

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

Decision rationale: Review indicates the patient continues to treat for chronic low back disorder. Treatment Guidelines states criteria for ordering imaging 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies, not identified here. 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 have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical deficits to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI cervical spine w/o contrast is not medically necessary and appropriate.