

Case Number:	CM15-0027747		
Date Assigned:	02/20/2015	Date of Injury:	08/06/2005
Decision Date:	03/31/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old male sustained a work related injury on 08/06/2005. According to a progress report dated 12/29/2014, the injured worker complained of lumbar spine pain and cervical spine pain that had progressed despite conservative measures. Neck pain radiated to the scapular upper arm area. Headaches were mostly in the occipital area and radiated to the vortex. They occurred a few times a week. There were no new injuries since the last visit. Diagnoses included cervical spine pain with MRI findings of moderate cervical spinal stenosis with persistent pain and cervical dysfunction, lumbar spine pain with strain and abnormal MRI with disc protrusion at L4-5 and cervicogenic headaches. The provider recommended re-evaluation for the cervical and lumbar spine to see if further surgical options were still available due to the current clinical condition and MRI findings which still showed persistent spinal stenosis especially in the cervical spine. The provider requested authorization of MRI of the cervical and lumbar spine secondary to the injured worker's pain and no improvement. The last MRI was completed in 2008. The provider noted that an MRI was indicated due to the injured worker's symptoms to rule out any underlying pathology, worsening of symptoms, nerve root compression, nerve impingement syndrome or significant changes. On 01/20/2015, Utilization Review non-certified MRI of the lumbar spine. CA MTUS ACOEM Practice Guidelines, Low Back Complaints were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Low back, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are cervical spine pain with MRI findings of moderate cervical spine stenosis with persistent pain cervical spine dysfunction; lumbar spine pain strain and abnormal MRI (Infra) with this protrusion at L4 - L5; and cervicogenic headache. MRI of the lumbar spine dated February 14, 2008 show very mild central spinal stenosis at L4 - L5 exacerbated by the presence of 4 mm left paracentral disc bulge, no nerve root compression noted. The documentation does not contain any new complaints or recent injuries. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no significant changes in symptoms or objective findings documented in the medical record. Additionally, there are no unequivocal objective findings that identify specific nerve compromise on neurologic evaluation. Consequently, absent clinical documentation with significant changes in symptoms or objective findings and unequivocal objective findings identify specific nerve compromise on neurologic evaluation, MRI lumbar spine is not medically necessary.