

Case Number:	CM15-0217170		
Date Assigned:	11/09/2015	Date of Injury:	02/01/1999
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/04/2015

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 was a 63 year old male, who sustained an industrial injury, February 1, 1999. The injured worker was undergoing treatment for degenerative lumbar and lumbosacral intervertebral disc disease, degenerative cervical intervertebral disc disease, spasms of the muscles, brachial neuritis and or radiculitis, thoracic and lumbar neuritis and radiculopathy and chronic pain. According to progress note of September 25, 2015, the injured worker's chief complaint was neck pain with radiculopathy bilateral upper extremities and low back pain with radiculopathy to the bilateral lower extremities. The injured worker rated the pain at 10 out of 10. The pain was described as constant, burning, aching, cramping, shooting, electrical, deep, sharp, knifelike, spasms, numbness, tingling, stabbing and throbbing. The severity was excruciating. The physical exam noted the cervical spine with stiffness and tenderness. The range of motion was normal, but painful. The thoracic spine was tender with palpation bilaterally. The lumbar spine had stiffness and tenderness. There was decreased range of motion in all planes with pain. There was tenderness over the bilateral thoracic paraspinous muscles. There was tenderness over the bilateral lumbar paraspinous muscles. There was tenderness over the bilateral sacroiliac joints. There was vertebral tenderness at the midline cervical region. There was vertebral tenderness at the midline thoracic region. There was vertebral tenderness at the midline of the lumbar region tender over the bilateral cervical facets. There was tenderness over the bilateral thoracic facets. There was tenderness over the bilateral lumbar facets. The injured worker previously received the following treatments Klonopin, Methadone, Oxycodone and Soma, cervical spine MRI on December 12, 2007 and lumbar spine MRI of October 23, 2007. The

RFA (request for authorization) dated September 25, 2015, the following treatments were requested a Lumbar spine without contrast. The UR (utilization review board) denied certification on October 15, 2015, for a 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 without contrast Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

Decision rationale: Based on the 9/25/15 progress report provided by the treating physician, this patient presents with constant, burning, and cramping neck pain with radiculopathy in bilateral upper extremities with numbness/tingling and constant, burning, and aching low back pain with radiculopathy in bilateral lower extremities with numbness/tingling rated 10/10 in the past week. The treater has asked for MRI without contrast lumbar spine on 9/25/15. The patient's diagnoses per request for authorization dated 10/7/15 are other intervertebral disc degeneration lumbar region, degen cerv intervertebral disc, low back pain. The patient has an unsteady and abnormal gait, continuously using a cane for assistance per 9/25/15 report. The patient is currently having tenderness to palpation of the cervical spine and lumbar spine per 8/24/15 report. The patient is currently using crutches as of 7/24/15 report. The patient's work status is not included in the provided documentation. ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC, Low back chapter, under MRIs (magnetic resonance imaging) (L-spine) has the following: Indications for imaging - Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 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/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The treater is requesting an MRI of the lumbar to further evaluate his pain per 9/25/15 report. A prior lumbar MRI was performed on 10/23/07 but the results were not included in the provided documentation. Utilization review letter dated 10/18/15 denies request due to lack of evidence of progressive neurologic deficits or other red flags suggestive of significant pathology (no focal neurologic deficits but rather global lower extremity decreased muscle strength and decreased sensation). In this case, the patient has not been authorized for a spinal surgeon consultation and is not being considered for surgery. As there is no evidence of progressive neurologic deficit or red flags that would necessitate a updated lumbar MRI, the request is not in accordance with guideline recommendations. Therefore, the request is not medically necessary.