

Case Number:	CM15-0221161		
Date Assigned:	11/16/2015	Date of Injury:	06/21/2008
Decision Date:	12/31/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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:

This 53 year old man sustained an industrial injury on 6-21-2008. Diagnoses include neck pain, chronic pain, myofascial pain, shoulder pain, rotator cuff disorder, chronic pain syndrome, dysthymic disorder, numbness, carpal tunnel syndrome, facet joint disease of the cervical region, degeneration of cervical intervertebral disc, anxiety, and depression. Treatment has included oral medications, physical therapy, and cognitive behavior therapy. Physician notes dated 9-16-2015 show complaints of neck, mid, upper, and low back pain, and bilateral wrist and elbow pain. The physical examination shows no acute distress, mild cervicothoracic tenderness with a decrease in range of motion across all planes, decreased sensation over the median nerve distribution on the right. Mild and diffuse tenderness is noted to the acromioclavicular of the right shoulder. Thoracolumbar spine shows mild diffuse tenderness to palpation with increased pain with flexion and extension and a "mild" decrease in range of motion. Recommendations include continue home exercise program, thoracic and lumbar spine MRIs, neuropsychological evaluation, cognitive behavior therapy, Nucynta, Ibuprofen, Mirtazapine, and urine drug screen. Utilization Review denied a request for lumbar spine MRI on 10-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

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 (magnetic resonance imaging) (L-spine).

Decision rationale: Based on the 9/16/15 progress report provided by the treating physician, this patient presents with pain in the head, neck, shoulders, forearms, hands, low back, and mid back rated 5-8/10 without medications and 3-5/10 with medications. The treater has asked for MRI lumbar spine on 9/16/15. The request for authorization was not included in provided reports. The pain is improved with injections, physical therapy, changing positions, and medications per 9/16/15 report. The patient has had a worsening of mid-back pain, which has limited his activities over the past year per 9/16/15 report. The patient is s/p brain MRI which, was normal per 7/15/15 report. The patient is currently continuing with CBT, which is helpful per 7/15/15 report. The patient is on work restrictions as of 9/16/15 report. 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 evaluate for a discogenic and/or facetogenic etiology for the patient's pain. The MRI will also allow us to evaluate for conditions such as spinal stenosis" according to 9/16/15 report. Review of the reports do not show any evidence of prior lumbar MRIs. In this case, the patient presents with chronic low/mid back pain, with a physical exam on 9/16/15 that showed mild, diffuse tenderness to palpation, increased pain with flexion/extension, and mildly decreased range of motion with flexion/extension. Considering the lack of a prior lumbar MRI and the patient's persistent symptoms, the current request appears reasonable and is supported by guideline recommendations. Therefore, the request is medically necessary.