MAXIMUS Federal Services

Case Number:	CM15-0223276		
Date Assigned:	11/19/2015	Date of Injury:	10/02/2011
Decision Date:	12/30/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 55-year-old female with a date of industrial injury 10-2-2011. The medical records indicated the injured worker (IW) was treated for cervicobrachial syndrome, diffuse; cervicalgia; and lumbago. In the progress notes (9-17-15), the IW reported neck, right shoulder and knee pain. She also told the provider her neurosurgeon needed updated MRIs for her consultation. The assessment form completed by the IW on 10-15-15 reportedly indicated she was unable to walk, sit or stand comfortably and was unable to do meal preparation or her housework with or without medications. Medications included Bupropion, Ibuprofen, Neurontin and Norco. On examination (9-17-15 and 10-15-15 notes), the low back was tender to palpation from L4 to S1, centrally. No spasms were noted. Straight leg raise on the right was positive for radiating pain to the right lumbar region and the left was painful with slight elevation. Treatments included lumbar epidural steroid injections (failed), physical therapy (helpful for pain), medications and home exercises. The IW was temporarily totally disabled. No recent MRI reports were submitted. A Request for Authorization dated 9-24-15 was received for MRI of the cervical spine and MRI of the lumbar spine; both without contrast. The Utilization Review on 11-5-15 non-certified the request for MRI of the cervical spine and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p129.

Decision rationale: The claimant sustained a work injury in October 2011 when she slipped and fell on a newly waxed floor. MRI scans of the cervical and lumbar spine are referenced as showing multilevel degeneration. A cervical spine CT scan was done in December 2011 and a lumbar spine MRI was done in December 2012. She continues to be treated for low back, neck, and left knee pain with radicular symptoms in all extremities. In June 2015 occipital nerve blocks were done. In August 2015 she had worsening left knee and left lower extremity pain and a DVT was ruled out, with findings of a popliteal cyst. When seen in September 2015, she had pain with medications rated at 7/10. There was a pending neurosurgery evaluation and updated MRI scans of the cervical and lumbar spine were needed. Physical examination findings included a body mass index of over 48. She was in obvious mild distress and was protective of her left leg. She had tenderness in the left popliteal fossa. There was a decreased right triceps reflex. There was lumbar tenderness with decreased range of motion. Right straight leg raising produced radiating symptoms to the right lumbar region. There was central back tenderness. Authorization was requested for six physical therapy treatments for the left knee and updated MRI scans of the cervical and lumbar spine. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan. The claimant's prior imaging results include a CT scan of the cervical spine and, if an MRI has also been obtained previously, these should be reviewed before requesting additional studies. Additionally, consultants have the same obligations as physicians in other contexts in evaluating the claimant's condition which would include a clinical assessment prior to considering the need for imaging studies. Requesting an updated MRI scan in order for the claimant to be seen for a neurosurgery evaluation is not medically necessary.

MRI lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, p129.

Decision rationale: The claimant sustained a work injury in October 2011 when she slipped and fell on a newly waxed floor. MRI scans of the cervical and lumbar spine are referenced as showing multilevel degeneration. A cervical spine CT scan was done in December 2011 and a

lumbar spine MRI was done in December 2012. She continues to be treated for low back, neck, and left knee pain with radicular symptoms in all extremities. In June 2015 occipital nerve blocks were done. In August 2015 she had worsening left knee and left lower extremity pain and a DVT was ruled out, with findings of a popliteal cyst. When seen in September 2015, she had pain with medications rated at 7/10. There was a pending neurosurgery evaluation and updated MRI scans of the cervical and lumbar spine were needed. Physical examination findings included a body mass index of over 48. She was in obvious mild distress and was protective of her left leg. She had tenderness in the left popliteal fossa. There was a decreased right triceps reflex. There was lumbar tenderness with decreased range of motion. Right straight leg raising produced radiating symptoms to the right lumbar region. There was central back tenderness. Authorization was requested for six physical therapy treatments for the left knee and updated MRI scans of the cervical and lumbar spine. Guidelines indicate that a repeat MRI of the lumbar spine 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). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. Additionally, consultants have the same obligations as physicians in other contexts in evaluating the claimant's condition which would include a clinical assessment prior to considering the need for imaging studies. Requesting an updated MRI scan in order for the claimant to be seen for a neurosurgery evaluation is not medically necessary.