

Case Number:	CM15-0032328		
Date Assigned:	02/25/2015	Date of Injury:	05/18/2002
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 66-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of May 18, 2002. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve requests for MRI imaging of the cervical spine, MRI imaging of the thoracic spine, and MRI imaging of the lumbar spine. The applicant's attorney subsequently appealed. In a January 22, 2015 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant stated that he was intent on pursuing a definitive surgical approach insofar as the lumbar spine was concerned. The attending provider stated that the applicant also had issues with progressively worsening upper extremity weakness. The attending provider contended that the applicant's pain complaints were either the result of a lumbar radiculopathy process versus a cervical myelopathy and/or thoracic myelopathy process. The attending provider stated that MRI imaging was needed to definitively identify surgical targets. The requesting provider was an orthopedic spine surgeon, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Neck & Upper Back Procedure Summary, Indications for MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Yes, the proposed cervical MRI was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging are deemed "recommended" to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant has ongoing complaints of neck pain with progressively worsening upper extremity weakness. The attending provider had suggested that the applicant is actively considering surgical intervention insofar as the lumbar, cervical, and/or thoracic spines are concerned. The attending provider stated that MRI imaging is needed to differentiate between a lumbar radiculopathy and/or cervical myelopathy versus thoracic myelopathy process. Obtaining MRI imaging for preoperative evaluation purpose, thus, was indicated here. Therefore, the request was medically necessary.

MRI of the Thoracic Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Neck & Upper Back Procedure Summary, Indications for MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for thoracic MRI imaging was likewise medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging of the neck and/or upper back is deemed "recommended," to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant has ongoing complaints of and/or issues with neck pain, mid back pain, upper extremity weakness, and/or radiation of pain to lower extremities. The requesting provider is an orthopedic spine surgeon, increasing the likelihood that the applicant is acting on the results of the proposed MRI and/or consider surgical intervention based on the outcome of the same. The attending provider had stated that MRI imaging is needed to identify surgical targets insofar as suspected cervical myelopathy, suspected thoracic myelopathy, and/or alleged lumbar radiculopathy are/were concerned. Therefore, the request was medically necessary.

MRI of the Lumbar Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Low Back Procedure Summary, Indications for MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304.

Decision rationale: Finally, the request for lumbar MRI imaging was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, the requesting provider, a spine surgeon, had stated that both he and the applicant are intent on pursuing a surgical remedy insofar as the lumbar spine is concerned. The applicant did report worsening complaints of low back pain radiating into lower extremities on January 22, 2015. Obtaining lumbar MRI imaging was, thus, indicated for preoperative planning purposes. Therefore, the request was medically necessary.