

Case Number:	CM15-0050073		
Date Assigned:	03/23/2015	Date of Injury:	11/30/2000
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/17/2015

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, 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:

The injured worker is a 58 year old male, who sustained an industrial injury on November 30, 2000. The mechanism of injury on this date is unknown. The injured worker was diagnosed as having C5-6 radiculopathy, internal derangement of the bilateral shoulders, internal derangement of the bilateral elbows, herniated nucleus pulposus lumbar, meniscus tear of left knee, herniated nucleus pulposus cervical, bilateral lateral epicondylitis, internal derangement bilateral wrists, radiculopathy lumbar and internal derangement of the right knee. Treatment to date has included diagnostic studies, physical therapy, aquatic therapy, injections, acupuncture and medications. On January 6, 2015, the injured worker complained of constant neck pain that increased with any rotation along with swelling and daily headaches that are worse at night. There is numbness and burning to his hands. His bilateral shoulder pain increases with any overhead use. He reported popping and clicking with any movement. He has burning pain in his bilateral wrists along with right wrist weakness. He reported constant low back pain that increases with any prolonged sitting and radiates to the groin bilaterally. There is also burning into his bilateral feet, bilateral knee pain and popping, difficulty with sleep and depression due to the pain. The treatment plan included physical therapy, MRI, x-rays, EMG/NCV, pain management evaluation and psychological evaluation and treatment. A progress report dated September 17, 2014 indicates that the patient previously underwent electrodiagnostic studies of the lower extremities which were normal in the upper extremities which showed C5 and C6 radiculopathy. A report dated May 10, 2011 indicates that the patient has previously undergone cervical and lumbar MRIs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Neck (Cervical) Spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no recent documentation of neurologic deficit in a specific dermatomal/myotomal distribution in the upper extremities. Furthermore, the patient already has cervical radiculopathy confirmed by electrodiagnostic studies. It is unclear how an updated MRI would change the current treatment plan. In addition, it does not appear the patient has failed conservative treatment, as physical therapy is being requested for the cervical spine. Finally, there is no documentation of changed subjective complaints or objective findings since the time of the most recent cervical MRI. In the absence of such documentation, the requested cervical MRI is not medically necessary.

MRI (magnetic resonance imaging) Lumbar Spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that 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 would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the

documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In addition, it does not appear the patient has failed conservative treatment, as physical therapy is being requested for the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.