

Case Number:	CM15-0050179		
Date Assigned:	03/23/2015	Date of Injury:	01/29/2004
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on 1/29/04. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbar disc degeneration, cervical disc displacement, neck pain, lumbar spinal stenosis and long-term use of meds. Treatment to date has included oral medications, lumbar surgery, right total knee replacement and physical therapy. Currently, the injured worker complains of chronic neck, low back with radiation to right lower extremity and bilateral knee pain. The injured worker feels medications do help some with pain but not as effective as previously. He states he is unable to complete the lumbar and cervical (MRI) magnetic resonance imaging without conscious sedation. The treatment plan consists of (MRI) magnetic resonance imaging of cervical and lumbar spine under conscious sedation and urgent consultation with orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine under conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case had underwent lumbar surgery in the past, but a few months ago slipped and fell, which reportedly aggravated his low back pain and an MRI was then completed. Since then, the worker was involved in a recent automobile accident, which also aggravated his low back symptoms, causing worsening radiculopathy, reportedly. However, repeat visits and examinations did not confirm persistence of these symptoms and the worker reported a gradual move toward his usual baseline. Therefore, the request for repeat MRI will be considered medically unnecessary.

1 MRI of the cervical spine under conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was an automobile, which led to muscle spasm, neck pain, and extremity pain, which was worse than the baseline levels of pain and quality prior to this reinjury, which was non-industrial. The worker reported gradual improvement back to baseline symptoms following this reinjury and recent notes did not confirm persistence of any radiculopathy to

warrant any MRI of the cervical spine. Also, there was no record of having tried cervical physical therapy. Therefore, the request for a cervical MRI will be considered medically unnecessary.

1 surgical consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 127, 343-344.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The MTUS also states that for consideration of knee surgery, referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. Earlier, emergency consultation is reserved for patients who may require drainage of acute effusions or hematomas. Referral for early repair of ligament or meniscus tears is still a matter for study because many patients can have satisfactory results with physical rehabilitation and avoid surgical risk. In the case of this worker, although recent reinjury of the right knee following a non-industrial automobile accident led to worsening of reported right knee pain, there was insufficient evidence to suggest he attempted to use physical therapy to help recover first before considering a referral to a surgeon. X-ray findings did not suggest any disruption of the hardware from his total knee replacement, and no physical findings suggested this is an urgent consultation. Although the worker did not want to undergo any physical therapy as prior therapy led to worse pain, reportedly, this reinjury is a different injury and there should at least be a consideration of at least home exercises before referral to a surgeon. Therefore, without evidence of full attempts at conservative treatments failing, the request for referral to an orthopedic surgeon will be considered medically unnecessary.