

Case Number:	CM15-0051070		
Date Assigned:	03/24/2015	Date of Injury:	01/26/2012
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: 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 42 year old female, who sustained an industrial injury on 1/26/12. The injured worker has complaints of neck pain. The documentation on 10/6/14 noted on examination that the injured worker had diffuse weakness approximately 4- out of 5 in the upper and lower extremities, to a certain extent does appear to be effort dependent or perhaps related to pain. She has extremely limited range of motion of the cervical spine. She prefers to wear a cervical collar and is unable to rotate or extend or flex her neck to any significant degree. The diagnoses have included strain lumbar and radiculopathy. Treatment to date has included electromyogram/nerve conduction study; Magnetic Resonance Imaging (MRI); cervical collar; C4-5 and C5-6 anterior cervical discectomy and fusion performed and X-rays of the cervical spine on 9/30/14 showed that fusion has taken place. The requested treatment is for Magnetic Resonance Imaging (MRI) of the lumbar spine and Computed Tomography (CT) scan of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, reported worsening low back pain with radiculopathy which led to a recommendation for a repeat lumbar MRI. There was insufficient record submitted from the time of the prior MRI to note the differences in subjective and objective physical findings to suggest that these symptoms were actually significantly different. Without this important objective comparison, the repeat MRI cannot be considered medically necessary at this time. Therefore the request is not medically necessary.

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG, Neck and upper back section, CT.

Decision rationale: The MTUS ACOEM Guidelines states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. CT scan might be considered for any bony abnormality assessment or for post-operative assessment of position following a cervical fusion. The ODG states that the indications for considering CT scan of the cervical spine includes: 1. Suspected cervical spine trauma, alert, cervical tenderness, paresthesias in hands or feet, 2. Suspected cervical spine trauma, unconscious, 3. Suspected cervical spine trauma, impaired sensorium (including alcohol/drugs), 4. Known cervical spine trauma: severe pain,

normal plain films, no neurological deficit, 5. Known cervical spine trauma: equivocal or positive plain films, no neurological deficit, or 6. Known cervical spine trauma: equivocal or positive plain films with neurological deficit. In the case of this worker, there was evidence from subjective reporting and physical findings (numbness, tingling) to suggest of cervical neurological compromise, although there was also evidence of local compromise as well (positive Tinel's). However, there was insufficient evidence to suggest a CT scan would be the appropriate test to order in this situation as there was no trauma to the spine and no suggestion that the fusion was not solid, as the previous x-rays showed solid fusion. Also, it is not completely clear which conservative methods were used for this flare-up of chronic pain. Therefore, the CT scan of the cervical spine will be considered medically unnecessary. Therefore the request is not medically necessary.