MAXIMUS Federal Services

Case Number:	CM15-0083218		
Date Assigned:	05/05/2015	Date of Injury:	08/08/2001
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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, California
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:

This is a 48 year old male patient who sustained an industrial injury on 08/08/2001. Current diagnoses include greater occipital neuralgia-bilateral, anterior cervical fusion in 12/2013, and radiculopathy-lumbar spine. Per the doctor's note dated 4/27/2015, he had complaints of chronic neck pain with occasional radiation to the left upper extremity with tingling, numbness and weakness; low back pain with radiation to the bilateral lower extremities with tingling and numbness; headache. The physical examination revealed overweight, antalgic gait; cervical spine- tenderness and pain with extension; lumbar spine- limited range of motion, tenderness, positive straight leg raising test bilaterally, decreased sensation in left L5, S1 and left C4,5 and 6 dermatomes; decreased strength in bilateral lower extremity. The medications list includes propanolol, effexor XR, keflex, norco, soma and lyrica. He has undergone cervical fusion, shoulder arthroscopy, ACL repair, laparotomy and lumbar fusion at L4-5 in 2002. He had foot drop and urgeincontinence in 9/2014 and subsequently he had a lumbar MRI. He has had lumbar MRI on 9/23/2014 which revealed disc bulge at L3-4 with central canal stenosis and mild bilateral foraminal stenosis, L4-5 anterior fusion with spacer displacement and mild degenerative disc disease; cervical CT scan in 12/2013. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, cervical spine: Upheld

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

MAXIMUS 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 (ODG) Chapter: Neck & Upper Back (updated 05/12/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI without contrast, cervical spinePer the ACOEM chapter 8 guidelines cited below "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." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." Patient does not have objective evidence of severe or progressive neurologic deficits that are specified in the records provided. She has had CT cervical spine in 12/2013. Prior diagnostic study reports related to the cervical spine were not specified in the records provided. A significant change in signs and symptoms, since the previous cervical CT scan that would require a cervical spine MRI is not specified in the records provided. The response to recent conservative therapy for this injury is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided.The medical necessity of MRI without contrast, cervical spine is not medically necessary.

MRI without contrast, lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) MRIs (magnetic resonance imaging).

Decision rationale: Request: MRI without contrast, lumbar spinePer ODG low back guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)."Patient has already had lumbar spine MRI on 9/23/2014 which revealed disc bulge at L3-4 with central canal stenosis and mild bilateral foraminal stenosis, L4-5 anterior fusion with spacer displacement and mild degenerative disc disease.He had foot drop and urge in continence in 9/2014 and subsequently he had a lumbar

MRI.Significant change in signs or symptoms since these diagnostic studies that would require a repeat lumbar MRI is not specified in the records provided.The pt has had lumbar fusion surgery in 2002. His clinical and neurological findings at that time and any recent significant progressive change in those findings was not specified in the records provided. Response to recent conservative therapy including physical therapy is not specified in the records provided.The medical necessity of MRI without contrast, lumbar spine is not medically necessary.