

Case Number:	CM15-0084393		
Date Assigned:	05/06/2015	Date of Injury:	12/04/2012
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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 injured worker is a 60 year old male, who sustained an industrial injury on 12/4/12. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spondylosis without myelopathy; brachial neuritis or radiculitis NOS; cervicgia; spinal stenosis in cervical region; unspecified neuralgia, neuritis and radiculitis. Treatment to date has included status post right carpal tunnel release (6/27/13); cervical epidural steroid injections (2013); status post cervical disc replacement at C5-6 and C6-7 (10/9/14); physical therapy; home exercise program/cervical spine. Diagnostics included EMG/NCV left lower extremity (3/23/15). Currently, the PR-2 notes dated 3/27/15 are an Orthopaedic re-evaluation and indicate the injured worker was seen on this date for re-evaluation and review of the EMG/NCV test results of the left lower extremity. The findings reveal findings of distal sensory polyneuropathy affecting both lower extremities and left S1 radiculopathy. There was no evidence of lumbosacral plexopathy myelopathy in either lower extremity. Subjectively, the injured worker continues to have neck pain aggravated with activities, specifically lifting. He is a status post cervical disc replacement at C5-6 and C6-7 performed on 10/9/14. He continues to have numbness of the left hand as well as weakness and numbness in the left lower extremity. The provider is requesting a MRI to lumbar spine with/out contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to lumbar spine with/out contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/lowback>; Table , Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303-305.

Decision rationale: The requested MRI to lumbar spine with/out contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option."The injured worker has neck pain aggravated with activities, specifically lifting. He is a status post cervical disc replacement at C5-6 and C6-7 performed on 10/9/14. He continues to have numbness of the left hand as well as weakness and numbness in the left lower extremity. The treating physician has documented the EMG/NCV test results of the left lower extremity. The findings reveal findings of distal sensory polyneuropathy affecting both lower extremities and left S1 radiculopathy. With this diagnosis already confirmed on electrodiagnostic testing, the treating physician has not documented sufficient unexplained physical exam findings that would establish the medical necessity for this imaging study. The criteria noted above not having been met, MRI to lumbar spine with/out contrast is not medically necessary.