MAXIMUS Federal Services

Case Number:	CM14-0120463		
Date Assigned:	09/22/2014	Date of Injury:	12/08/2010
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker, a 58-year-old man, claims injury on 12/8/2010, mechanism unknown. He is s/p ACDF at C6-7 on 2/12/13 and right shoulder reconstructions and decompression on 5/21/12. He has increasing pain and weakness. C-spine x-ray showed C6-7 anterior fusion; multilevel mild disc degeneration and left facet arthropathy (C3-C6); and a congenitally small spinal canal. Lumbar x-ray showed mild degenerative changes L5-S1. Again, the spinal canal was congenitally small. He complains of crunching sound when turning his neck. He has numbness in the 3 middle fingers of each hand. He has decreased grip and is dropping things. Left deltoid and bilateral biceps weakness was noted on examination. Lumbar spine examination was normal. There was right EHL weakness noted, however. The reflexes were normal and symmetric in the upper extremity. In the lower extremity, the Achilles on the right was decreased. There was decreased sensation in the right forearm and left quad. His treating physician is appealing the 7/22/14 denial of cervical and lumbar MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic Resonance Imaging (MRI)

Decision rationale: There are specific indications for ordering cervical MRI. Per the ACOEM Treatment Guidelines of the MTUS, MRI is indicated if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. The ODG has a set of indications for cervical MRI. One is for chronic neck pain with severe or progressive neurologic deficits. Another is for neck pain wit spondylosis on x-ray with neurologic signs or symptoms present. Additionally, MRI can be undertaken in the presence of chronic neck pain, normal radiographs and neurologic signs or symptoms. This gentleman has x-ray abnormalities, with degenerative changes at small spinal canal. He has documented weakness, decreased sensation and abnormal reflexes on examination. MRI is the test of choice for those with prior surgery. MRI is indicated to address these findings in this patient. Therefore, this request is medically necessary.

MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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, MRIs (Magnetic Resonance Imaging)

Decision rationale: There is no documentation of lumbar pain in the records sent for review. He has some great toe weakness and quad numbness on examination, without tenderness in the lumbar spine or decreased range of motion. The ODG states that lumbar MRI is indicated in certain circumstances, which include pain and neurologic deficit. He has no pain and neurologic findings, which are of questionable significance since not associated with complaints. Per the ACOEM Practice Guidelines of the MTUS, 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 who 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. He does not have compelling findings (or any documented complaint of low back pain). Therefore, this request for MRI of the lumbar spine is not medically necessary.