

Case Number:	CM14-0122072		
Date Assigned:	08/06/2014	Date of Injury:	02/25/2014
Decision Date:	10/16/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old female who reported an injury on 02/25/2014. The mechanism of injury was not provided. Her diagnoses included lumbago, lumbosacral disc degeneration, radiculitis, sciatica, thoracic disc degeneration, neck pain, cervical spine degenerative disc disease, spondylosis without myelopathy, insomnia, and mood disorder. The injured worker's past treatments included medication and physical therapy. The injured worker's diagnostic testing included CT scan of the cervical spine done on 04/08/2014, which shows a disc bulge at C3-4, C6-7, as well as foraminal stenosis at C4-5 and C5-6. There is also an MRI of the thoracic spine dated 04/08/2014, which shows no evidence of disc protrusion. 3 view x-rays of the lumbar spine show mild degenerative disc disease with no fracture. She had 3 views of the cervical spine done on 03/13/2014 which show multilevel degenerative disc disease without acute fracture or subluxation of the cervical spine. There were no relevant surgeries noted in the documentation. On 06/13/2014, the injured worker complained of pain to the spine, but worse pain in the low back with 60% radiation to the right posterolateral knee. The neck pain was bilateral with 75% radiation to the bilateral shoulders. She reported that she has completed at least 9 sessions of chiropractic therapy, but the therapy did minimally to improve her pain. She reported that her average pain level was 7-8/10, and that the pain medication improved the pain 75% with no side effects. Upon physical examination, the injured worker was noted to be in mild apparent distress with no weakness. The injured worker's medications were noted to include Hydrocodone/Acetaminophen 10/325 mg, Diazepam 5 mg, Ibuprofen 600 mg, and Cyclobenzaprine 10 mg. The treatment plan was to continue medications, complete chiropractic therapy, and schedule for an MRI of the cervical spine, thoracic spine, and lumbar spine. The

request was for MRI of the cervical spine, thoracic spine, and lumbar spine. The rationale was not provided. The Request for Authorization Form was signed and submitted on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back, MRIs.

Decision rationale: The request for MRI of the thoracic spine is not medically necessary. The California MTUS/ACOEM Guidelines state that 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. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. More specifically, the Official Disability Guidelines state that MRIs are a test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least 1 month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker did report pain to the low back and spine; however that was not a change in symptoms. There was an MRI of the thoracic spine dated 04/08/2014, which showed no evidence of disc protrusion. A repeat MRI is not routinely recommended without progressive neurological deficits noted when new findings suggestive of pathology that does not correlate with the last MRI. Therefore, the request is not medically necessary.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that 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. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker reported pain to the neck and the lower back;

however, the physical examination did not provide evidence of significant objective neurological deficits. The injured worker reported no weakness during the examination. There were no tests or findings noted to support any significant objective neurological deficits. In the absence of documentation with evidence of failed conservative care, and significant objective neurological deficits, the request is not supported at this time. Therefore, the request is not medically necessary.

MRI of Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that 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. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker did complain of pain to her neck, and had a previous CT scan of the cervical spine done on 04/08/2014 which shows a disc bulge at C3-4 and C6-7, as well as foraminal stenosis at C4-5 and C5-6. There were no significant changes in symptoms documented since the previous CT scan was done on 04/08/2014. She was reported to have completed chiropractic therapy with minimal improvement; however, the amount of visits of physical therapy completed was not specified. In the absence of documentation with evidence of failed conservative care and significant objective neurological deficits, the request is not supported at this time. Therefore, the request is not medically necessary.