

Case Number:	CM14-0132741		
Date Assigned:	08/27/2014	Date of Injury:	02/18/2013
Decision Date:	09/25/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 52-year-old male with a 2/18/13 date of injury. At the time (7/25/14) of request for authorization for MRI C/T/L Spine without contrast, there is documentation of subjective (neck pain, lower backache, and left knee pain, pain unchanged since last visits) and objective (limited cervical range of motion, paravertebral muscles, hypertonicity, tenderness and tight muscle band noted on left side, positive cervical facet pain with facet loading maneuvers, lumbar range of motion limited, lumbar facet loading negative on both sides, straight leg raising positive on left in sitting at 90 degrees, tenderness over sacroiliac spine, extensor hallucis longus and abductor pollicis brevis 4/5 on left, and 1/4 deep tendon reflexes of biceps, brachioradialis, triceps, knee jerk and ankle jerks bilaterally) findings, imaging findings (Reported Cervical Spine MRI (5/31/13) revealed straightening of cervical spine with minimal kyphosis centered at C4; at C4-5 mild annular bulge with no spinal canal or neural foraminal narrowing; at C5-6 minimal annular bulge with mild right uncovertebral and facet hypertrophy with mild right neural foraminal narrowing; at C6-7 minimal spinal canal narrowing with mild right and minimal left foraminal narrowing; report not available for review; Reported Lumbar MRI (3/1/13) revealed disc/endplate degeneration at L4-5 and L5-S1, primarily at L5-S1, minimal facet hypertrophy at L5-S1, disc bulge and spur possibly minimally about the left S1 nerve root with a minimally effaced L5-S1 left axillary recess, but without definite neuropathic impingement, bilateral L5-S1 foraminal narrowing L5 nerve roots appear to marginally exit freely, tiny annular tear at L4 without neuropathic impingement; report not available for review), current diagnoses (cervical facet syndrome, cervical pain, low back pain, and lumbar radiculopathy), and treatment to date (physical therapy, chiropractic therapy, facet joint blocks, and medications (including ongoing treatment with Zanaflex and Celebrex)). There is no documentation of red flag diagnoses where plain film radiographs are negative,

objective findings that identify specific nerve compromise on the neurologic examination, who are considered for surgery, a condition/diagnosis (with supportive subjective/objective findings) for which a thoracic MRI is indicated, and a diagnosis/condition for which a repeat study is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C/T/L Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 179-183; 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Magnetic Resonance Imaging (MRI), and Other Medical Treatment Guidelines: Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a Thoracic MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of cervical facet syndrome, cervical pain, low back pain, and lumbar radiculopathy. In addition, there is documentation of a previous cervical and lumbar MRI. Furthermore, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative, objective findings that identify specific nerve compromise on the neurologic examination, and who are considered for surgery. In addition, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a thoracic MRI is indicated (Thoracic spine trauma: with neurological deficit). Furthermore, despite documentation of subjective (neck pain, lower backache, pain unchanged since last visits) and objective (extensor hallucis longus and abductor pollicis brevis 4/5 on left, and 1/4 deep tendon reflexes of biceps, brachioradialis, triceps, knee jerk and ankle jerks bilaterally), there is no documentation of a diagnosis/condition for which a

repeat study is indicated (to diagnose a change in the patient's condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for MRI C/T/L Spine without contrast is not medically necessary.