

Case Number:	CM14-0147477		
Date Assigned:	09/15/2014	Date of Injury:	02/04/2003
Decision Date:	10/29/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/10/2014

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 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:

The patient is a 55 year old male who was injured on 02/04/2003 when he stumbled and fell over a file cabinet. He sustained injury to his neck and entire back. Prior treatment history has included physical therapy and home exercise program. Diagnostic studies reviewed include MRI of the lumbar spine dated 03/10/2014 revealed normal disc at L2-L3 and proximally; disc desiccation with Modic changes at L3-L4, L4-L5 and L5-S1, most notable at L3-L4; lateral recess stenosis most notable at L4-L5 bilaterally, right more than left; Facet hypertrophy and arthrosis are seen in all three levels, most notable at L4-L5. Progress report dated 8/11/2014 documented the patient to have complaints of constant severe neck pain rated as 8/10 with radiation to the bilateral upper extremities with associated numbness and tingling sensation. He reported constant severe back pain also rated as 8/10 with radiation to bilateral lower extremities with numbness, tingling, and spasms. On exam, the cervical spine revealed limited range of motion and Spurling's test was positive bilaterally. The lumbar spine revealed limited range of motion and straight leg raise was positive as well as Braggard's and bowstring tests are positive. His sensation is decreased in his upper and lower extremities and motor strength revealed weakness in upper and lower extremities. The patient is diagnosed with spinal stenosis at L4-L5, lateral recess; degenerative disk disease at L3-L4, L4-L5 and L5-S1 with facet arthrosis; cervical spine sprain/strain rule out herniated nucleus pulposus and thoracic spine strain/sprain, rule out herniated nucleus pulposus. The patient has been recommended for a MRI of the cervical and thoracic spine. Prior utilization review dated 08/26/2014 states the request for MRI of the cervical spine and MRI of the Thoracic spine is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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, Magnetic resonance imaging

Decision rationale: According to MTUS guidelines, criteria for ordering imaging studies of the cervical spine are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. This is a request for MRI of the cervical spine for a 55-year-old male injured on 2/4/03 with chronic neck and low back pain. On an 8/11/14 clinic visit note, the patient complains of constant, severe neck pain with pain radiation, numbness and weakness in the bilateral C5, C6 and C7 dermatomes. There is constant, severe mid-back pain with pain radiation to the bilateral T6, T7 and T8 dermatomes. On examination of the cervical spine, there is decreased range of motion and positive Spurling's test bilaterally. There are sensory deficits and motor weakness in the upper and lower extremities. However, there are no clear red flag findings or specific physiologic evidence of tissue insult or neurologic dysfunction. On the 8/11/14 clinic visit note, sensory deficits are not described; motor deficits are not specified or quantified; reflexes are not provided. There are no upper motor neuron findings. Neurologic examination on 4/21/14 was entirely normal. There is no discussion of interval aggravating event. Prior conservative care is not detailed. Medical necessity is not established.

MRI Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar and thoracic, Magnetic resonance imaging

Decision rationale: According to MTUS guidelines, criteria for ordering imaging studies of the thoracic spine are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. This is a request for MRI of the thoracic spine for a 55-year-old male injured on 2/4/03 with chronic neck and low back pain. On an 8/11/14 clinic visit note, the patient complains of constant, severe neck pain with pain radiation, numbness and weakness in the bilateral C5, C6 and C7 dermatomes. There is constant, severe mid-back pain with pain radiation to the bilateral T6, T7 and T8 dermatomes. On examination of the cervical spine, there is decreased range of motion and positive Spurling's test bilaterally.

There are sensory deficits and motor weakness in the upper and lower extremities. However, there are no clear red flag findings or specific physiologic evidence of tissue insult or neurologic dysfunction. On the 8/11/14 clinic visit note, thoracic spine examination is not discussed. Neurologic examination on 4/21/14 was entirely normal. There is no discussion of interval aggravating event. Prior conservative care is not detailed. Medical necessity is not established.