

Case Number:	CM14-0163390		
Date Assigned:	10/08/2014	Date of Injury:	09/13/2011
Decision Date:	11/07/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/03/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 52 year old male with an injury date of 09/13/11. Based on the 09/19/14 progress report provided by [REDACTED] the patient complains of cervical and lumbar spine pain. He ambulates with a cane with an antalgic gait. There is paracervical muscle spasm and tenderness in the cervical spine and paravertebral muscle spasm and tenderness in the lumbar region. Patient's cervical pain is 7/10 and lumbar pain is 6/10. The patient's diagnoses are: 1. Cervical spine sprain/strain, chronic 2. MRI finding of disc protrusions at C3-C4, C4-C5 and C5-C6 (no date provided) 3. Cervical Radiculopathy 4. Lumbar radiculopathy 5. Chronic pain syndrome [REDACTED] is requesting for a cervical and lumbar MRI with IV sedation. The utilization review determination being challenged is dated 10/03/14. [REDACTED] is the requesting provider, and he provided reports from 05/02/14 - 09/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 701.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient presents with chronic cervical spine sprain/strain. The request is for an MRI of the cervical spine. Review of the reports indicates there are no previous cervical spine MRI's conducted. ACOEM Guidelines state, "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." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this patient, the patient does not present with any radicular symptoms documented. There are no red flags, no evidence of tumor/infection/dislocation/fracture, etc. The patient appears to have had an MRI in the past as well as it is described in one of the diagnosis. The patient does not present with any new neurologic signs or symptoms to warrant a new set of MRI's. Therefore, this request is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 701.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with paravertebral muscle spasm and tenderness in the lower lumbar region. The request is for an MRI for lumbar spine. The patient had MRI on lumbar spine in 12/09/11 which revealed evidence of prior surgery with metal artifact within the posterior subcutaneous tissue L5-S1; a 5-mm left paracentral disc protrusion versus post-operative change associated with mild facet joint arthropathy causing mild left lateral recess stenosis without canal or neural foraminal stenosis; focal right paracentral 4 mm disc protrusion at L1-2 causing moderate canal stenosis, severe right lateral recess stenosis and mild right foraminal stenosis; a 3 mm far right lateral disc protrusion at L4-5 that combined with moderate facet joint arthropathy caused moderate right neural foraminal stenosis. ACOEM guidelines, chapter 12, under lower back states "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In the progress reports provided, there are no new neurological deficits found. Therefore, is this request is not medically necessary.

IV Sedation: 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): 177-178.

Decision rationale: The patient presents with paravertebral muscle spasm and tenderness in the lower lumbar region. The request is for IV sedation. The 09/19/14 report states that the patient "requires IV sedation for MRI C/S, L/S...Pt. is very claustrophobic and oral sedation will not

work." In this case, both of the requested MRI's are being denied and there is no need for IV sedation. Therefore, this request is not medically necessary.