MAXIMUS Federal Services

Case Number:	CM14-0096936		
Date Assigned:	07/28/2014	Date of Injury:	07/10/1997
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 is a 72 year old male who was injured on 7/10/1997. He was diagnosed with chronic pain syndrome, lumbosacral radiculopathy, cervical radiculopathy, facet arthropathy, neck pain, and lumbago. He was treated with cervical fusion surgery, medications, physical therapy, and epidural injections. Even with these treatments, including a failed lumbar surgery, he continued to experience chronic pain for years. On 5/30/14, the worker was seen by his pain management physician's assistant complaining of his usual moderate to severe back and neck radicular pain. The mid/low back pain radiated to the left leg and foot with numbness. He also reported radiating pain in his left and right arms with numbness. Physical examination of his cervical spine revealed tenderness to palpation and decreased deltoid and ulnar hand sensation. Examination of the lumbar spine revealed moderate lumbar muscle spasm and tenderness, sacroiliac joint tenderness, limited range of motion, positive straight leg test, and normal bilateral leg strength. It was discussed earlier (5/20/14) that the worker would like to move forward with a surgical evaluation with a spinal surgeon. The physician's assistant recommended he see the surgeon and repeat a cervical steroid injection which was reiterated on 5/30/14, but also, on 5/30/14 it was suggested for the worker to continue with the medications and complete a repeat lumbar MRI and a cervical CT myelogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation (ODG), Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In the case of this worker, MRI was completed in the past (1/3/13). His symptoms and physical findings, according to the physician's assistant that was following him suggested that his symptoms were the same as previous, and there was no indication (documented evidence) or a documented discussion that would convince the reviewer that there was a specific need for the lumbar MRI. If imaging was intended to be for the purpose of a future surgery, then this needs to be stated specifically. Therefore, the lumbar MRI is not medically necessary at this time.

CT scan Neck spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering CT scans or any other imaging study of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was no reported/documented evidence of any significant change in the worker's symptoms that might warrant repeat imaging. If the intention was to clarify anatomy in preparation for surgery, this

needed to be stated clearly in documentation. Therefore, for now, the CT myelogram of the cervical spine is not medically necessary.