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| Case Number: | CM14-0098924 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 08/12/2012 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 06/27/2014 |

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 65-year-old male who was reportedly injured on 06/12/2012. Diagnoses included Lumbago, cervicalgia, cervical radiculitis and sciatica. Last progress report dated 05/27/2014 noted the injured worker as having decreased range of motion in neck with pain, Bilateral facet loading positive. Back brace, single point cane with RT antalgic gait. Sensory deficits in RT L3-4 dermatomes and Tender muscle spasms are noted in the lumbar spine. Treatment to date includes 2012 injury with inpatient hospitalization post injury, diagnostics, brace, medications, TENs unit, physical therapy, acupuncture, orthopedic surgery, pain management, aqua therapy and occupational therapy. Upper extremity strength was 4/5. Lower extremities strength was 4/5. Sensory deficit was noted in the right L3-dermatome. A request was made for Cervical spine MRI without contrast, Lumbar spine MRI without contrast, Consult with spine surgeon and was not certified on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-MRI of the neck and upper back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, MRI

Decision rationale: The injured worker has chronic cervical spine pain. However the serial physical exam on 3/2/14, 5/27/14, and 6/24/14 by [REDACTED], reveals no objective change in the neurologic exam of the cervical spine and upper extremities. There has been a previous spinal Surgery consult with [REDACTED] who opined that the injured worker was not a surgical candidate. Therefore repeat cervical spine MRI is not medically necessary.

Lumbar spine MRI without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI

Decision rationale: The injured worker has chronic lumbar spine and lower extremity pain. However the serial physical exam on 3/2/14, 5/27/14 and 6/24/14 reveals new objective change in the neurologic exam of the lumbar spine and lower extremities. There is sensory loss on the right lower extremity in the L4 dermatome on 5/27/14. This similar to the physical examination by [REDACTED] on 5/20/14 who found right L2-3 dermatomal hypoesthesia. There has been a previous Spinal Surgery consult who opined that the injured worker was not a surgical candidate. Given the new objective findings, repeat MRI is necessary. But the findings may or may not be causally related to the alleged industrial injury of 6/12/12. Therefore repeat lumbar spine MRI is medically necessary.

Consult with spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 288, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: The injured worker has chronic lumbar spine and lower extremity pain. However the serial physical exam on 3/2/14, 5/27/14 and 6/24/14, reveals sensation grossly intact on 3/2/14 and new objective change in the neurologic exam of the lumbar spine and lower extremities on 5/27/ and 6/24. There is sensory loss on the right lower extremity in the L4 dermatome on 5/27/14. This finding is similar to the physical examination on 5/20/14 with findings of right L23 dermatomal hypoesthesia. There has been a previous Spinal Surgery consult that noted that the injured worker was not a surgical candidate. The injured worker has previously declined a Lumbar ESI. Given the new objective findings, repeat MRI is necessary.

But a spinal surgery consult is at best, premature as there is no corroborating imaging, nor have there been no conservative care expended. Furthermore the findings may or may not be causally related to the alleged industrial injury of 6/12/12. Therefore repeat consultation with a third spinal surgeon is premature and deemed not medically necessary.