

Case Number:	CM14-0216367		
Date Assigned:	01/06/2015	Date of Injury:	02/01/1999
Decision Date:	02/25/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 53 year old male who was injured on 2/1/1999. He was diagnosed with lumbar radiculopathy and chronic neck pain. He was treated with epidural injection, multiple neck surgeries (2001, 2004, 2007, 2009), and medications. Lumbar MRI from 2008 showed moderate L4-5 and L5-S1 degenerative disc disease but no significant canal compromise. On 12/1/14, the worker was seen by his neurosurgeon, reporting chronic neck pain with new symptoms of headaches and numbness/tingling radiating into his face, and chronic low back pain with new right leg radiation/numbness. He reported no bowel or bladder disturbances and no weakness, but could not walk on his heels. He reported that the most recent epidural steroid injection to his lumbar area did not help with his radicular symptoms. Physical examination revealed decreased range of motion of the cervical spine, cranial nerves II-XII intact, moderate weakness of his left dorsiflexor, normal muscle tone, symmetrical deep tendon reflexes and inability to walk on heels secondary mainly to pain, reportedly. He was then recommended MRI of the neck and MRI of the lumbar spine to rule out new spinal stenosis or herniated disc. He was also recommended medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of neck with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online 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 MRI 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, he presented with new subjective symptoms of facial numbness and tingling and headaches associated with his chronic neck pain, however, it was not known if the worker was engaging in any physical therapy (home exercises) or other conservative modalities besides medications to justify imaging. Also, there were no signs of any red flag diagnoses or any objective evidence of any cervical root impingement from physical examination findings. Therefore, the MRI of the cervical spine seems to be medically unnecessary upon review of the evidence provided.

MRI of lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation ODG (Online Disability Guidelines) on Low Back Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

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. The worker in this case, the worker presented with new leg symptoms suggestive of lumbar root radiculopathy, however, there was no evidence to suggest the worker was already engaged in

sufficient conservative therapies (namely home exercises for his low back) to suggest further investigation with lumbar MRI was necessary yet. Also, there was no evidence found in the documents to suggest the worker had a red flag diagnosis which might have required imaging. Although physical findings suggested weakness of the left foot, reported symptom only included the right leg. Due to this inconsistency and the reasons above, the MRI of the lumbar spine will be considered medically unnecessary at this time.