

Case Number:	CM14-0216938		
Date Assigned:	01/06/2015	Date of Injury:	04/27/2010
Decision Date:	03/04/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with a date of injury as 04/27/2010. The cause of the injury was not included in the documentation received. The current diagnoses include lumbar herniated disc and cervical herniated disc. Previous treatments include anterior and posterior lumbar fusion in March of 2013, injections, oral medications, and physical therapy. Primary treating physician's reports dated 06/11/2014 through 12/04/2014, agreed medical examinations dated 08/26/2011, 05/21/2012, and 03/07/2014, electrodiagnostic study dated 11/05/2014, MRI report dated 11/26/2012, an CT report dated 11/29/2010 were included in the documentation submitted for review. Report dated 12/04/2014, provided by the spine surgeon noted that the injured worker presented with complaints that included pain going down the right leg, neck pain that radiates down the left arm and into the ulnar two digits, and a headache. The injured worker stated that the pain began when he turned quickly; the pain starts in the lower back and goes down the right leg. Physical examination revealed left arm weakness. The surgeon documented that prior MRI's revealed significant disc herniation at the level of C4-5 with settling and indentation of the dural sac, and large disc herniation at the C6-7 level with settling and neural foraminal stenosis bilaterally. The surgeon noted that the injured worker has completed a course of nonoperative care including physical therapy and steroid injections, and now wants to proceed with surgical intervention of the ongoing pain. It was further documented that due to the new development of the right leg pain, which has not resolved in three months, a new MRI is needed for further diagnosis. Report dated 11/26/2014 documented that the injured worker had a MRI on 01/13/2014 showing disc protrusion into the foramen at C2-C3, disk protrusion at C4-C5 with

right foraminal stenosis, and disc protrusion at C6-C7. The injured worker presented with complaints of ongoing neck pain and back pain. Documentation supports that the injured worker first reported the occurrence of the increased back pain, pain down the right leg, and numbness in the right foot in September. The physician recommended physical therapy for the new symptoms. There was no documentation submitted showing the outcome of physical therapy or how many visits were completed. The injured worker is currently not working. The utilization review performed on 12/18/2014 non-certified a prescription for MRI of the lumbar spine based on medical necessity. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary, Indications for magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: The patient presents with neck pain which goes down the left arm into the 2 ulnar digits and with low back pain which goes down to his right leg. The request is for an MRI OF THE LUMBAR SPINE to assess this patient's low back and right leg pain. The utilization review denial rationale is that the recent report submitted also provides no documentation of radicular objective findings on lumbar spine/lower extremities which support the necessity of the request. Review of the reports does not indicate if the patient has had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, unequivocal objective that identifies specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear: However, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter, MRI topic states that, MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compromise, recurrent disk herniation). There is no indication of the patient having a prior MRI of the lumbar spine. The patient has been having lower back pain as early as 06/11/2014, and has been recently having pain down the right leg as well. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain as well as new pain down the right leg, the requested MRI of the lumbar spine IS medically necessary.