

Case Number:	CM14-0218072		
Date Assigned:	01/07/2015	Date of Injury:	10/28/2006
Decision Date:	03/06/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/30/2014

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:

This 52-year-old male was injured 10/28/06. The mechanism of injury was not indicated. He currently complained of constant headache with pain intensity of 8/10; constant neck pain that radiated to bilateral upper extremities with numbness and tingling, rated 8/10 without medications and with medications 4/10 and able to perform home exercise program; constant low back pain with radiation to bilateral lower extremities with numbness and tingling, rated 7-8/10; left wrist pain with radiation, numbness and tingling, rated 7-8/10; constant bilateral ankle/foot pain with radiation numbness and tingling in bilateral lower extremities, rated 7-8/10. He is status post cervical discectomy and fusion (9/13) which offered no relief. His medications included Neurontin, Norco, Cymbalta and Senekot-S, which provide 40-50% relief with increased performance of activities of daily living. Physical exam of cervical region revealed no tenderness on palpation over paraspinal muscles, decreased range of motion and positive foraminal compression and shoulder depression bilaterally; lumbar examination revealed tenderness in the lumbar paraspinal bilaterally, decreased range of motion and positive bilateral straight leg raise and Kemp's. All orthopedic tests were negative bilaterally (11/5/14). He has complete physical therapy sessions latest 8 sessions with 50% relief. His diagnoses include status post anterior cervical discectomy and fusion at C3 through C6 (9/11/13) with residuals of chronic pain; status post lumbar spine interbody fusion at L5-S1 (8/25/10); left knee medial meniscal tear; left knee surgery; left shoulder surgery (2008); disc protrusion at L4-5, 4mm and tear with left neural foraminal stenosis; disc protrusion at L2-3, L4-5 and L5-S1; chronic pain syndrome; cervical radiculopathy; neuropathic pain in the lower extremities and lumbar spine; failed back

surgery syndrome; chronic low back pain; anxiety and depression due to pain; status post right knee arthroscopy (8/16/13) and constipation secondary to medication use. The injured worker remains permanently and partially disabled. On 12/11/14, Utilization Review, non-certified the request for MRI of the lumbar spine based on no evidence of significant neurologic findings to warrant an MRI. In addition, it was unclear if the symptoms were progressing and given that this was a 2006 injury there was no documentation of recent conservative treatments aside from medications addressing low back pain or previous imaging studies. The guideline referenced was ACOEM: Chapter 12 Low Back Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with complains of head and cervical spine pain rated 8/10, low back and bilateral knee pain rated 8/10. The request is for MRI OF THE LUMBAR SPINE. Patient is status post L5-S1 anterior/posterior fusion and decompression on 08/25/10. Patient is permanently and partially disabled. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per 10/14/14 progress report, "treater is requesting a lumbar MRI based on the history of trauma and evidence of ongoing neurological deficit where the patient has failed to respond to conservative treatment measures." Treater has not documented radiculopathy as required by guidelines. However, the patient is postoperative and there is no documentation of a prior MRI in review of medical records. The request appears reasonable. Therefore, the request for lumbar MRI IS medically necessary.