

Case Number:	CM14-0218413		
Date Assigned:	01/08/2015	Date of Injury:	09/08/2012
Decision Date:	03/06/2015	UR Denial Date:	11/26/2014
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:

The injured worker is forty-six year old male who sustained a work-related injury on September 8, 2012. A request for an MRI of the lumbar spine without dye and an MRI of the cervical spine without dye was non-certified by Utilization Review (UR) on November 26, 2014. The UR physician utilized the ACOEM Guidelines for Low Back Complaints, ACOEM Guidelines for Neck and Upper Back Complaints and the Official Disability Guidelines (ODG) in the determination. The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. With regard to the request for an MRI of the Lumbar Spine, the UR physician noted that the documentation submitted for review did not provide evidence of the injured worker had new or worsening focal neurological findings or a change in the clinical presentation of the low back pain to support the need for an MRI. The ACOEM Guidelines for Neck and Upper Back Complaints indicate that if physiologic evidence indicates tissue insult or nerve impairment, then the selection of an imaging test to define the potential cause may be made. With regard to the request for an MRI of the Cervical Spine, the UR physician noted that the medical record provided for review did not provide evidence of physical examination findings of a neurological deficit that would support the need for an MRI. A request for Independent Medical Review (IMR) was initiated on December 22, 2014. A review of the documentation submitted for IMR revealed the injured

worker sustained a work-related injury on September 8, 2012 when a motor vehicle struck him on the left middle side. An MRI of the lumbar spine on March 29, 2013 revealed L5-S1 disc desiccation and 3 mm left paracentral extruded disc herniation with nerve compression. Previous therapies have included right side facet block which was documented as being of no benefit, use of TENS unit and epidural steroid injections of the L5-S1 and L4-L5 levels. A physician's evaluation of October 24, 2014 revealed the injured worker reported low back pain, intermittent left lower extremity radiating pain, numbness, weakness, and neck pain with mild left upper extremity radiating pain. On examination, the injured worker had positive tenderness to palpation and positive spasm on the left side. X-ray of the lumbar spine on October 24, 2014 revealed L5-S1 moderate degenerative disc disease. Diagnoses associated with the examination included lumbar spine sprain/strain, L5-S1 disc herniation and severe degenerative disc disease, prior disc herniation of L5-S1, cervical spine sprain/strain, left lower extremity radiculopathy and mild left upper extremity radiculopathy. The evaluating physician recommended an MRI of the lumbar spine and an MRI of the cervical spine to obtain new diagnostic studies and evaluate for disc herniation and stenosis that would explain the symptoms. The evaluating physician's plan of care included medication and physical therapy. He was considered temporarily partially disabled and released to work with restrictions. A physician's evaluation of November 24, 2014 revealed the injured worker continued to complain of low back pain with radiation of pain and numbness into the left thigh. The lumbar spine was tender to palpation. The injured worker reported that he used his TENS unit on a daily basis and it helped control the pain. He also used over-the-counter Tylenol for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye QTY #1: Upheld

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 complaints, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Low Back Chapter, MRI

Decision rationale: The patient is a 46 year-old male with a 9/08/2012 date of injury. According to the 10/24/14 initial spinal surgery consultation, the patient presents with low back pain with intermittent left lower extremity radiating pain, numbness and weakness; and neck pain with mild left upper extremity radiating pain. Prior MRI of the lumbar spine was on 3/29/13 and showed a 3-mm extruded disc herniation at L5/S1 with nerve compression. The patient had L5/S1 and L4/5 epidural injections on 9/22/14. The physician does not state that he is requesting the MRI for surgical planning. He states, "I recommend MRI of the lumbar spine and MRI of the cervical spine to obtain new diagnostic studies and evaluate for any disc herniations and stenosis that may explain his symptoms." On 11/26/14, utilization review denied a repeat MRI of the lumbar spine and cervical MRI because there were no documented worsening symptoms in the lumbar spine, and no neurological deficits to warrant a cervical MRI. MTUS does not discuss repeat MRIs. ODG-TWC guidelines, Low Back Chapter Online for MRIs states 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. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12 "Low Back Complaints" under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." There is no indication that the patient or physicians are considering surgery as an option. There is no significant change in symptoms documented that would warrant a repeat MRI. The request for MRI Lumbar Spine without dye, quantity: 1, IS NOT medically necessary.

MRI cervical spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back- Magnetic Resonance imagine (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient is a 46 year-old male with a 9/08/2012 date of injury. According to the 10/24/14 initial spinal surgery consultation, the patient presents with low back pain with intermittent left lower extremity radiating pain, numbness and weakness; and neck pain with mild left upper extremity radiating pain. Prior MRI of the lumbar spine was on 3/29/13 and showed a 3-mm extruded disc herniation at L5/S1 with nerve compression. The patient had L5/S1 and L4/5 epidural injections on 9/22/14. The physician does not state that he is requesting the MRI for surgical planning. He states, "I recommend MRI of the lumbar spine and MRI of the cervical spine to obtain new diagnostic studies and evaluate for any disc herniations and stenosis that may explain his symptoms." On 11/26/14, utilization review denied a repeat MRI of the lumbar spine and cervical MRI because there were no documented worsening symptoms in the lumbar spine, and no neurological deficits to warrant a cervical MRI. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. There are no physical exam findings associated with the cervical spine on the 9/29/14, 10/21/14, 10/24/14, 11/21/14 or 11/24/14 reports. The reports do not discuss conservative care for the cervical spine. The request for a cervical MRI is not in accordance with the MTUS/ACOEM guidelines. The request for MRI Cervical Spine without dye, quantity: One IS NOT medically necessary.