

Case Number:	CM14-0219021		
Date Assigned:	01/09/2015	Date of Injury:	08/06/2005
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/31/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 54 year old male with a date of injury as 08/06/2005. The cause of the injury occurred when the worker was driving a forklift and got hit sustaining injuries to the cervical and lumbar spinal cord. The current diagnoses include cervical spine pain with MRI findings of moderate cervical spine stenosis with persistent pain and cervical spine dysfunction, lumbar spine pain with strain and abnormal MRI-disc protrusion at L4-L5, and cervicogenic headaches. Primary treating physician's reports dated 06/24/2014 through 11/14/2014 were included in the documentation submitted for review. Report dated 11/14/2014 noted that the injured worker presented with complaints that included neck pain with radiation to the scapular upper arms, low back pain, and headaches. Physical examination revealed muscle spasm or tightness of the paracervical muscles and paralumbar muscles and decreased range of motion, and Spurling's sign is positive. Documentation supports that the last MRI of the lumbar spine was performed 02/14/2008. The physician noted that the request for the MRI of the lumbar spine was being made due to no improvement and the injured worker's continued pain. The utilization review performed on 12/08/2014 non-certified a prescription for MRI of the lumbar spine based on no specific objective neurological deficits, objective changing or worsening neurological condition, or new red flag findings occurring on physical exam. The reviewer referenced the California MTUS, 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, As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Indications for imaging -- Magnetic resonance imaging: - Thoracic spine trauma: with neurological deficit - Lumbar spine trauma: trauma, neurological deficit - Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit) - Uncomplicated low back pain, suspicion of cancer, infection, other “red flags” - Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery - Uncomplicated low back pain, cauda equina syndrome - Myelopathy (neurological deficit related to the spinal cord), traumatic - Myelopathy, painful - Myelopathy, sudden onset - Myelopathy, stepwise progressive - Myelopathy, slowly progressive - Myelopathy, infectious disease patient - Myelopathy, oncology patient

Decision rationale: The current diagnoses include cervical spine pain with MRI findings of moderate cervical spine stenosis with persistent pain and cervical spine dysfunction, lumbar spine pain with strain and abnormal MRI-disc protrusion at L4-L5, and cervicogenic headaches. The medical records indicate persistent pain but do not document any progressive or new neurologic findings or indicate a suspicion of infection or malignancy. ODG guidelines support imaging for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. As such the medical records provided for review, do not support repeat imaging at this time.