

Case Number:	CM15-0009068		
Date Assigned:	01/27/2015	Date of Injury:	10/06/2005
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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 64 year old male with an industrial injury dated October 6, 2005. The injured worker's diagnoses include lumbar disc displacement without myelopathy, chronic pain, pain in the joint shoulder, cervical disc displacement without myelopathy, long term use of meds and therapeutic drug monitor. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 12/15/14, the injured worker reported low back pain with no acute changes and increasing constant neck pain with the inability to sleep comfortably. Physical exam revealed tenderness to palpitation at level L4-L5 with paraspinal muscle tenderness and limited range of motion on the left lumbar spine. Documentation also noted tenderness to palpitation of the right trapezius. The treating physician prescribed services for MRI of the cervical spine and MRI of the lumbar spine. Utilization Review (UR) determination on December 19, 2014 denied the request for MRI of the cervical spine and MRI of the lumbar spine, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Neck & Upper back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)',

Decision rationale: Based on the 12/15/14 progress report provided by treating physician, the patient presents with neck pain. The request is for MRI OF THE CERVICAL SPINE. Patient's diagnosis per Request for Authorization form dated 12/17/14 included cervical disc displacement without myelopathy. Patient's medications include Orphenadrine, Gabapentin, Methadone, Nabumetone, Doc-q-lace and Pantoprazole. The patient is permanent and stationary. ACOEM Guidelines, chapter 8, page 177 and 178, state: 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. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Per progress report dated 12/15/14, treater states that the spine surgeon "is unable to recommend further treatment options without updated MRI's." Per treater report dated 12/15/14, patient had MRI of the cervical spine on 07/16/05. There are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.

MRI of the Lumbar spine: Upheld

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-TWC Low back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: Based on the 12/15/14 progress report provided by treating physician, the patient presents with low back pain. The request is for MRI OF THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 12/17/14 included lumbar disc displacement without myelopathy. Patient's medications include Orphenadrine, Gabapentin, Methadone, Nabumetone, Doc-q-lace and Pantoprazole. The patient is permanent and

stationary. ACOEM Guidelines, chapter 8, page 177 and 178, state: Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. Per progress report dated 12/15/14, treater states that the spine surgeon "is unable to recommend further treatment options without updated MRI's." Per treater report dated 12/15/14, patient had MRI of the Lumbar spine on 06/29/09, and 03/07/07. There are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request IS NOT medically necessary.