

Case Number:	CM15-0103839		
Date Assigned:	06/08/2015	Date of Injury:	04/16/2010
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/29/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 48-year-old male, who sustained an industrial injury on 04/16/2010. He reported that he was lifting a trashcan weighing approximately 100 pounds into a dumpster and when it came back it hit him. The injured worker was diagnosed as having cervical four to five small, broad degenerative disc bulge and chronic, globalized pain reporting not explained based on imaging findings. Treatment and diagnostic studies to date has included medication regimen, electrocardiogram, and cervical magnetic resonance imaging. Magnetic resonance imaging of the cervical spine performed on 12/15/2014 was revealing for mild disc disease in the ventral cord, cervical six to seven uncovertebral spurring with mild bilateral neural foraminal narrowing, and scattered cervical lymph nodes. In a progress note dated 03/16/2015 the treating physician reports complaints of pain to the cervical spine with left radiculopathy and pain to the lumbar spine with radiculopathy with the injured worker noting that when the cervical pain increases the low back pain increases. The treating physician also noted the injured worker had complaints of muscle aches and muscle weakness. The treating physician requested magnetic resonance imaging of the lumbar spine to further evaluate the injured worker's radicular components.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - (http://www.odg-twc.com/odgtwc/low_back.htm).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar and Thoracic MRI's.

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). 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. In this case, there is no documentation of red flags or any new or progressive neurologic deficit. In addition, there is no documentation significant change in the patient's symptoms. None of the indications listed above is present. MRI of the lumbar spine is not medically necessary. The request should not be authorized.