

Case Number:	CM15-0010564		
Date Assigned:	01/28/2015	Date of Injury:	07/26/2013
Decision Date:	03/23/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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 49 year old who sustained an industrial injury on 07/26/29013. Diagnoses include lumbar sprain and strain, and left L5-S1 lumbar radiculopathy in context of 1 x 1 cm left paracentral disc extrusion compressing the descending left S1 nerve root. Treatment to date has included medications, and epidural steroid injections. A physician progress note dated 12/15/2014 documents the injured worker's right shoulder problem is consistent with a sprain and that has fully resolved. The injured worker ambulates using a cane. His Range of motion is mildly limited. On 11/25/2014 the injured worker had a left lumbar epidural steroid injection and had temporary relief. Ther is no information in regards to whether a Magnetic Resonance Imaging was done prior to the left lumbar epidural steroid injection as is the usual and customary occurrence. Treatment requested is for a Magnetic Resonance Imaging of the cervical spine without contrast. On 12/24/2014 Utilization Review non-certified the request for Magnetic Resonance Imaging of the cervical spine without contrast, and cited California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine(ACOEM)-Low Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the cervical spine without contrast, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): [https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back;Table%20,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders); [https://www.acoempracguides.org/Shoulder; Table 2, Summary of Recommendations, Shoulder Disorders](https://www.acoempracguides.org/Shoulder;Table%20,%20Summary%20of%20Recommendations,%20Shoulder%20Disorders).

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: The patient presents with left-sided low back pain and left paresthesias. The request is for One (1) MRI OF THE CERVICAL SPINE WITHOUT CONTRAST, AS AN OUTPATIENT. Physical examination to the lumbar spine on 12/15/14 revealed normal lordosis. Range of motion was decreased, especially on extension by 10 degrees. Patient's diagnosis include sprain/strain lumbar spine and sprain arm/right shoulder. MRI of the lumbar spine on 10/05/13 showed there is anatomic alignment of the lumbar vertebral bodies, mild circumferential disc bulge at L1-L2 and L2-L3, mild broad-based posterior disc protrusion at L3-L4, minimal circumferential disc bulge at L4-L5 and discogenic endplate change along the L5-S1 disc space. Per 12/15/14 progress report, patient has had 2 sets of lumbar epidural injections, dates unspecified, with temporary relief and is being deferred for 6 sessions of physical therapy to maximize improvement status post latest epidural. Per 12/15/14 progress report, patient is to return to full duty on 12/16/14. 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 12/15/14 progress report, the patient is interested in having a new MRI for updated understanding of his persistent low back issues and treater is requesting a MRI for further evaluation. There are no records of a prior cervical MRI. ACOEM Guidelines 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 do not support MRIs unless there are neurologic signs/symptoms present. In this case, no neurologic or sensory deficits were noted in any of the reports. No radicular symptoms were reported either. The patient does not meet the criteria for a cervical spine MRI per ACOEM and ODG guidelines. Therefore, the request IS NOT medically necessary. Per 12/15/14 progress report, the patient is interested in having a new MRI for updated understanding of his persistent low back issues and treater is requesting a MRI for further evaluation. There are no records of a prior cervical MRI. ACOEM Guidelines 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 do not support MRIs unless there are neurologic signs/symptoms present. In this case, no neurologic or sensory deficits were noted in any of the reports. No radicular symptoms were reported either. The patient does not meet the criteria for a cervical spine MRI per ACOEM and ODG guidelines. Therefore, the request IS NOT medically necessary.