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| Case Number: | CM15-0111247 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 07/22/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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, 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 63-year-old male, with a reported date of injury of 07/22/2014. The diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and right sciatica. Treatments to date have included an MRI of the lumbar spine on 10/09/2014 which showed left and moderately severe right lateral recess/foraminal stenosis, moderate central canal and moderate bilateral lateral recess/foraminal stenosis, disc bulge, and a congenitally small spinal canal, chiropractic treatment, physical therapy, home exercise program, oral medications, and topical pain medication. The medical report dated 05/25/2015 indicates that the injured worker continued to have low back pain with radiating leg pain with conservative care. The injured worker also continued to note neck and upper back pain since his injury. It was noted that a repeat MRI of the lumbar spine after six months is needed and a cervical MRI scan was needed to determine the extent of the injured worker's injury. An examination of the cervical spine showed myospasm and pain to palpation at C4-T4, full range of motion with cervical myospasm and pain, cervical facet radiation, positive decompression test, and normal strength. An examination of the thoracolumbar spine showed muscle spasm and pain to palpation at L1-L5, decreased dorsolumbar range of motion with thoracolumbar myospasm and pain, positive for facet syndrome, fracture, and disc involvement; positive pain in sacroiliac lesion; positive for pain in lumbar spine, normal muscle strength of the lower extremities; and normal deep tendon reflexes. The treating physician requested an MRI of the cervical spine and an MRI of the lumbar spine.

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 cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172, 177, 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI Topic.

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there are findings suspicious for radiculopathy with a positive cervical spine distraction test. Even though there are normal neurological sensory exam and normal reflexes of the upper extremity, a MRI of cervical spine may be helpful to determine the cause of radiculopathy. As such, the requested cervical MRI is medically necessary.

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, 309.

MAXIMUS 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), Low Back Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat lumbar MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, the patient has had a lumbar MRI on 10/9/2014. There is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested repeat lumbar MRI is not medically necessary.

