

Case Number:	CM15-0111307		
Date Assigned:	06/17/2015	Date of Injury:	03/06/2004
Decision Date:	07/30/2015	UR Denial Date:	06/02/2015
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, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 3/6/04. Initial complaints were cumulative injuries to the neck, arms, shoulders, elbows, hands, fingers and ankles. The injured worker was diagnosed as having chronic lumbar sprain; cervical intervertebral disc syndrome. Treatment to date has included physical therapy; medications. Diagnostic study includes a MRI of the cervical spine (8/13/13); MRI lumbar spine (8/13/13). Currently, the PR-2 notes dated 4/28/15 indicated the injured worker was at this office for an initial evaluation. She was referred by her primary treating physician for consultation regarding her neck pain, arm, back and leg pain. She reports her low back pain is reaching 9/10 pain scale bilaterally with headache, face pain and interscapular pain. She has numerous other issues which are addressed including sleep disorders, daytime fatigue, diabetes mellitus, frequent urination, weight gain, skin disorder, and psychiatric diagnosis. The provider lists medications as: Lorazepam, Celebrex, gabapentin, hydrocodone, acetaminophen, pantoprazole, hydroxyzine, triamcinolone, mirtazapine, ternazepam, trazodone, lidocaine patch, polyethylene glycol, metformin and paroxetine. On physical examination, the provider notes active cervical range of motion is extremely slow. It is about 20% of extension, 60% flexion and 50% right and left rotation, 25% of tight and left lateral bending, complaining of midline pain but not radiation to the extremities. Active range of motion in the shoulders, elbows, and hands are limited and slow. Biceps, triceps, brachioradialis reflexes are 0-1, Hoffmann sign is absent; dynamic Hoffmann sign is absent. Grip is weak on both sides and it is difficult for the provider to tell whether it is inhibition or neurologic. She has hamstring tightness on straight leg raise. Her knee jerks and

ankle jerks are 0-1 with no clonus. Passive range of motions of the hips indicates stiffness. The provider notes MRI findings of the cervical spine dated 8/13/13 revealing degenerative disease of C3-4, C4-5, C5-6 and C6-7. C3-4 there is a small central protrusion slightly deforming the cord with no cord signal changes. A MRI of the lumbar spine for the same date demonstrates a lateral view with advanced degenerative changes at L5-S1 with nearly complete disc space collapse. There is no central or foraminal stenosis. There is mild facet hypertrophy and at L4-5, there are some disc desiccation/height well preserved. The provider's treatment plan included a request for authorization of a MRI of the cervical spine; MRI of the thoracic spine and 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 of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration of lumbar intervertebral disc; and degeneration of cervical intervertebral disc. Subjectively, according to a May 22, 2015 progress note (request authorization May 28, 2015), the injured worker present for follow-up of chronic bilateral shoulder/elbow, bilateral knee, bilateral hip, neck pain and low back pain. Reportedly, the injured worker has increased pain with numbness and tingling in the upper extremities. Objectively, the neurologic evaluation addresses coordination and cerebellar function. There is no tremor noted. The worker ambulates with a walker. There is tenderness palpation over the occipital foramen supraclavicular region on both sides and tenderness of the lumbar paraspinal muscle groups and facet joints. There were no unequivocal objective findings that identify specific nerve compromise sufficient to warrant imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Lumbar spine MRI dated August 13, 2013 show advanced degenerative changes L5 - S1 with nearly complete disk space collapse. There is no

central foraminal stenosis with myofascial hypertrophy. At L4 - L5, there is some disk desiccation, but the height is well preserved without stenosis and minimal that the hypertrophy. There is no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with a significant change in symptoms and or objective findings suggestive of significant pathology and unequivocal objective findings and identify specific nerve compromise on the neurologic evaluation, MRI lumbar spine is not medically necessary

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration of lumbar intervertebral disc; and degeneration of cervical intervertebral disc. Subjectively, according to a May 22, 2015 progress note (request authorization May 28, 2015), the injured worker presented for follow-up of chronic bilateral shoulder/elbow, bilateral knee, bilateral hip, neck pain and low back pain. Reportedly, the injured worker has increased pain with numbness and tingling in the upper extremities. Objectively, the neurologic evaluation addresses coordination and cerebellar function. There is no tremor noted. The worker ambulates with a walker. There is tenderness palpation over the occipital foramen supraclavicular region on both sides and tenderness of the lumbar paraspinal muscle groups and facet joints. There were no unequivocal objective findings that identify specific nerve compromise sufficient to warrant imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Cervical spine MRI dated August 13, 2013 show

degenerative changes at multiple levels with small central protrusion slightly deforming the court without court signaled change. There was a somewhat larger central protrusion at C4 - C5 with foramen patency at each level. There is no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with a significant change in symptoms and or objective findings suggestive of significant pathology and unequivocal objective findings and identify specific nerve compromise on the neurologic evaluation, MRI cervical spine is not medically necessary.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI thoracic spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the Thoracic spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it 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 findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are chronic pain syndrome; degeneration of lumbar intervertebral disc; and degeneration of cervical intervertebral disc. Subjectively, according to a May 22, 2015 progress note (request authorization May 28, 2015), the worker presented for follow-up of chronic bilateral shoulder/elbow, bilateral knee, bilateral hip, neck pain and low back pain. Reportedly, the injured worker has increased pain with numbness and tingling in the upper extremities. Objectively, the neurologic evaluation addresses coordination and cerebellar function. There is no tremor noted. The worker ambulates with a walker. There is tenderness to palpation over the occipital foramen supraclavicular region on both sides and tenderness of the lumbar paraspinal muscle groups and facet joints. There were no unequivocal objective findings that identify specific nerve compromise sufficient to warrant imaging. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The utilization review indicates a thoracic MRI was performed in 2013. There is no hard copy of the thoracic MRI. There were no results of the thoracic MRI in the utilization review report. There is no documentation indicating a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with a significant change in symptoms and or objective findings suggestive of significant pathology and unequivocal objective findings and identify specific nerve compromise on the neurologic evaluation, MRI thoracic spine is not medically necessary.