

Case Number:	CM15-0111457		
Date Assigned:	06/17/2015	Date of Injury:	12/03/2014
Decision Date:	08/05/2015	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, Hawaii

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 56-year-old male who sustained an industrial injury on 12/03/2014. Mechanism of injury was not documented. Diagnoses include cervical and lumbar facet arthropathy and cervical and lumbar strain and sprain. Treatment to date has included diagnostic studies, medications, chiropractic sessions, and home exercises. The most recent physician progress note dated 02/26/2015 documents the injured worker complains of neck and back pain, which she rates as 8 out of 10 on the pain scale. He is using Ibuprofen since the injury which has only helped somewhat and his is using topical LidoPro cream with good relief. He has last worked on 12/04/2014. His neck pain is just as severe as his low back pain. He has occasional muscle spasm in his neck and back which are severe. There is facet loading of the cervical and lumbar spines bilaterally. Lumbar and cervical range of motion is restricted and painful. Unofficial reports of x rays done with this visit of the cervical spine showed multilevel anterior and posterior osteophytes, and lumbar spine x-rays revealed multilevel anterior and posterior osteophytes and mild disc space narrowing at L5-S1. Treatment requested is for Magnetic Resonance Imaging's of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRIs of cervical and lumbar spines: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs Neck, MRIs.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for MRIs of cervical and lumbar spines. The requesting treating physician report was not found in the documents provided for review. A report dated 2/26/15 (10B) states, "He says that his neck and back pain continues to be severe at time. He denies radiation of pain, numbness, tingling, or weakness in his arms or legs." The report goes on to state, "Seven-view x-rays of the cervical spine performed today in the office." On review of films, there are multilevel anterior and posterior osteophytes. Seven-view x-rays of the lumbar spine performed today in the office. On review of films, there are multilevel anterior and posterior osteophytes. There is mild disc space narrowing at L5-S1. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding MRI's of the cervical spine: "Not recommended except for indications list below." The guidelines go on to state the required indications for imaging. The ODG has the following regarding MRI of the lumbar spine: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit." In this case, there is no documentation of an abnormal neurological exam and the patient does not present with cervical or lumbar radiculopathy. The current request does not satisfy the ODG guidelines, as the patient does not meet the required indications for imaging of the cervical and lumbar spine. The current request is not medically necessary.