

Case Number:	CM15-0114297		
Date Assigned:	06/22/2015	Date of Injury:	06/21/2011
Decision Date:	07/23/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/12/2015

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, West Virginia, Pennsylvania
 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 63-year-old female, who sustained an industrial injury on 6/21/11. She reported immediate pain to neck, head, back, left knee and wrist following a forward fall. The injured worker was diagnosed as having (HNP) herniated nucleus pulposus of cervical spine with moderate to severe stenosis and cervical radiculopathy. Treatment to date has included epidural steroid injections of cervical spine, left knee arthroscopy, 24 sessions of physical therapy, home exercise program, 1 session of acupuncture, TENS unit and oral medications including opioids. (MRI) magnetic resonance imaging of lumbar spine performed on 1/3/12 revealed degenerative disc disease with facet arthropathy and retrolisthesis L3-4 and L4-5 and L4-5 mild to moderate canal stenosis with mild to moderate bilateral neural foraminal narrowing and (MRI) magnetic resonance imaging of cervical spine performed on 9/22/11 revealed multilevel degenerative disc disease and facet arthropathy with anterolisthesis of C3-4 and C4-5, C5-6 and C6-7, canal stenosis C5-6 and C6-7 and neural foraminal narrowing C3-4, C4-5, C5-6 and C6-7. Currently, the injured worker complains of fluctuating neck pain with radiation to bilateral shoulders and upper back rated 7-8/10, intermittent pain to low back rated 7/10, constant dull pain, numbness and weakness of left wrist and hand rated 5/10 and bilateral knee pain described as intermittent, achy and stabbing and rated as 5/1 on right and 708/10 on the left. She notes flare-ups of low back pain since previous visit. Physical exam noted tenderness to palpation of bilateral cervical paraspinal with limited range of motion. The treatment plan included a request for authorization for (MRI) magnetic resonance imaging of cervical and lumbar spine due to increased neck and low back pain.

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: 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): 298-303.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that treatment modalities have been tried and failed. In addition, the patient has already had an MRI of the lumbar spine in the past and there is no justification for repeat MRI of the lumbar spine at this time. This request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical: 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): 177-78.

Decision rationale: Guidelines recommend MRI if there is physiologic evidence of tissue insult or nerve impairment. Cervical MRI is recommended in cases of chronic neck pain after 3 months of conservative care with normal radiographs in the presence of neurological signs and symptoms such as radiculopathy or progressive neurologic deficit. In this case, the patient has chronic neck pain but there was no evidence of severe radiculopathy, progressive neurologic defect, or any red flag that would necessitate an MRI. In addition, there was no evidence that the patient completed 3 months of conservative care. The request for cervical spine MRI is not medically necessary.