

Case Number:	CM15-0121725		
Date Assigned:	07/02/2015	Date of Injury:	03/16/2007
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 46 year old female who sustained an industrial injury on 3/16/07. She had complaints of neck and low back pain. Diagnoses given were neck and back pain. Primary physician's progress report dated 6/1/15 reports severe and constant neck, left shoulder, low back and left hip pain after a motor vehicle accident on 5/28/15. She has constant throbbing sensation in her spine which inhibits sitting, standing and sleeping due to the pain. The pain radiates into both arms and legs and is associated with severe headaches. Treatment during the exam includes: diagnostic x-ray of the lumbar spine and localized trigger point injections were given into the cervical spine, lumbar spine and left knee. Pain was reduced immediately following the injections. Diagnoses include: s/p L4-SI TLIF on 11/08/12, s/p right L4-5 hemilaminotomy and microdescectomy (2011), s/p left arthroscopic knee surgery on 7/09/13, cervical spondylosis, mild glenohumeral fusion, right wrist with fragmented ossicles of the tip of the ulnar styloid, bilateral ankle pain, mucoid degeneration of the bilateral knees and hypertension. Plan of care includes: request MRI of the cervical and lumbar spine with and without contrast, return immediately after having MRIs, if neurological deficits increase she should go to the emergency room, prescriptions given for Norco, Soma, and Xanax, urine drug screen ordered, lumbar surgery was authorized but will hold off due to recent car accident until MRIs are updated. Work status will remain total temporarily disabled. Follow up after MRIs are complete or in 6 weeks.

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 with/without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM chapter on low back complaints and special diagnostic studies states: 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore the request is not medically necessary.

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction-Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence

of red flag. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not medically necessary.