

Case Number:	CM15-0127238		
Date Assigned:	07/13/2015	Date of Injury:	12/15/1991
Decision Date:	08/17/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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

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 (IW) is a 57 year old female who sustained an industrial injury on 12/15/1991. She reported injuring her back. The injured worker was diagnosed as having back, neck, and hip pain which is now chronic. Treatment to date has included facet joint injection, and radiofrequency thermocoagulation (RFTC) which have helped with the pain. Currently, the injured worker complains of bilateral lower back, hip, and neck pain described as constant, aching, burning, dull, electric, hotness, intermittent nerve pain that is sharp, stabbing and throbbing. The pain radiates down her right hip and is now starting to radiate to the left hip. The pain is increased by bending, lifting, physical activity, sitting, standing and inactivity. Medications, exercise, ice packs, injection therapy have made it better in the past, but the pain is increasing and is now rated at its worst as a 10/10, at its least a 2/10, and the pain is currently a 4/10. Medications are no longer effective. She describes the pain as varying in intensity but always present. She states it has decreased since its inception and she feels depressed when coping with the pain. The pain prevents her from taking part in social and recreational activities. On examination, her gait and posture are normal. She has tenderness to palpation at T11-12, and T12 through S1. Pain is reproduced with facet loading maneuvers. In examination of the lumbar spine, she has palpation and tenderness throughout. Her range of motion is restricted in all planes, and her straight leg raise is positive bilaterally. There is spasm bilaterally in the cervical and lumbar spine. The treatment plan includes continuing current medications of Voltaren Gel, Oxycontin, and Oxycodone, Gabapentin and Tizanidine. Physical therapy is ordered to evaluate and treat, and bilateral lumbar radiofrequency ablation is planned. Lumbar and cervical MRI

are ordered. Requests for authorization were made for the following: 1. MRI lumbar spine; 2. MRI cervical spine; 3. Bilateral L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

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 chapter, MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The patient presents with back pain radiating to leg, neck pain radiating to arm, as well as hip. The request is for MRI LUMBAR SPINE. The request for authorization is dated 05/15/15. Patient reports pain has increased and medications not effective and pain radiates down her right hip and now starting to radiate down left hip. She has had facet joint injection, radiofrequency thermocoagulation (RFTC) and the treatment helped with the pain. Patient's medications include Baclofen, Voltaren Gel, Gabapentin, Oxycontin, Oxycodone, Diazepam and Levothyroxine Sodium. The patient's work status was not provided. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Treater does not discuss the request. In this case, the patient continues with back pain radiating to lower extremities. Physical examination of the lumbar reveals tenderness to palpation and spasm at L3-L4, L4-L5 and L5-S1. Straight leg raise is positive, bilaterally. The patient continues with pain following conservative treatments. Review of provided medical records does not show a prior MRI of the lumbar spine. The request appears reasonable and within guideline indications. Therefore, the request IS medically necessary.

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 'Neck and Upper Back (Acute & Chronic)' under topic 'Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with back pain radiating to leg, neck pain radiating to arm, as well as hip. The request is for MRI CERVICAL SPINE. The request for authorization is dated 05/15/15. Patient reports pain has increased and medications not effective and pain radiates down her right hip and now starting to radiate down left hip. She has had facet joint injection, radiofrequency thermocoagulation (RFTC) and the treatment helped with the pain. Patient's medications include Baclofen, Voltaren Gel, Gabapentin, Oxycontin, Oxycodone, Diazepam and Levothyroxine Sodium. The patient's work status was not provided. ACOEM Guidelines, chapter 8, page 177 and 178, state "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." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. Treater does not discuss the request. In this case, the patient continues with neck pain radiating to upper extremity. Physical examination of the cervical spine revealed tenderness to palpation and spasm at C5-C6, C6-C7, C7-C8 and C8-T1. Spurling maneuver is positive on the right. Review of provided medical records does not show a prior MRI of the cervical spine. The request appears reasonable and within guideline indications. Therefore, the request IS medically necessary.