

Case Number:	CM15-0170255		
Date Assigned:	09/10/2015	Date of Injury:	08/28/1998
Decision Date:	10/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/28/2015

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 is a 54 year old male who sustained an industrial injury August 28, 1998. Past history included C4-C5 ACDF (anterior cervical decompression and fusion) using bone plug without hardware, 2000, ACDF with hardware, 2001, lumbar fusion L3-4 and L4-5, 2001. Past treatments included; physical therapy, massage therapy, psychotherapy, therapeutic injections, and in May 2012, a lumbar radiofrequency procedure L4-L5 which reduced pain by 60%. Diagnoses are post-laminectomy syndrome, lumbar and cervical region; chronic pain syndrome; degeneration of lumbar or lumbosacral intervertebral disc; lumbosacral spondylosis without myelopathy; major depressive disorder, single episode. According to a most recent physician's progress report, dated June 2, 2015, the injured worker presented with complaints of bilateral neck pain, left arm weakness, numbness and tingling, bilateral lower back pain with stiffness, left shoulder pain, bilateral knee pain psychiatric issues and diminished energy. Current medication included Methadone, Compazine, Senna, Sertraline, Omeprazole, and Atorvastatin. He was converted to oral methadone for opiate pain management. Since his last visit, he has had no new injuries. His bilateral neck pain, rated 4 out of 10, is across the shoulders with frequent numbness, tingling and pain down the left arm into the left hand. Objective findings included; painful bilateral cervical and lumbar facet tenderness; spine extension restricted and painful; upper and lower extremity joints are normal; gait normal, muscle mass normal, and muscle tone normal. There is decreased sensation to touch throughout the left arm, left hand and left fingers and diminished strength left upper extremity compared to the right. The lower extremity is normal to touch, except at the upper outer left leg where he complains of numbness, strength is

normal. Treatment plan included continued medication; an electrocardiogram performed before dispensing Methadone, and continues with home exercise program. At issue, is a request for an MRI of the cervical spine. According to utilization review, performed July 29, 2015, the request for an MRI of the cervical spine between 7-28-2015 and 9-11-2015 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The 54 year old patient complains of bilateral knee pain; left arm weakness, tingling and numbness; bilateral lower back pain; lower back stiffness; left shoulder pain; bilateral knee pain; psychiatric issues; and diminished energy; as per progress report dated 06/02/15. The request is for MRI of the cervical spine. There is no RFA for this case, and the patient's date of injury is 08/28/98. The patient is status post C4-5 ACDF without hardware in 2000, status post C4-5 ACDF with hardware in 2001, and status post L3-4 and L4-5 lumbar fusion in 2001, as per progress report dated 06/02/15. Diagnoses included lumbar postlaminectomy syndrome, cervical postlaminectomy syndrome, and chronic pain syndrome, degeneration of lumbar or lumbosacral disc, lumbosacral spondylosis, cervical spondylosis, major depressive disorder, anxiety disorder, nausea, displacement of cervical intervertebral disc, abdominal tenderness, gastritis and constipation. Medications included Methadone, Compazine, Senna S, Sertraline, Omeprazole, and Atorvastatin. The patient is disabled, as per the same progress report. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit." In this case, none of the progress reports available for review document prior MRI of the cervical spine. While it is reasonable to assume that the patient had an MRI prior to the surgery in 2001, there is no indication of the study in the recent past. The treater does not discuss the purpose of this request. Nonetheless, as per progress report dated 06/02/15, the patient has new

weakness, new numbness and new pain. Physical examination of the cervical spine revealed restricted and painful range of motion along with positive Spurling's test and facet loading test. Given the chronic pain and the neurological symptoms, the request appears reasonable and IS medically necessary.