MAXIMUS Federal Services

Case Number:	CM15-0170476		
Date Assigned:	09/25/2015	Date of Injury:	09/19/2001
Decision Date:	11/02/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old male who sustained an industrial injury on 09-19-2001. Records submitted for review show that the injured worker had been treated for low back symptoms. He had undergone lumbar fusion and did not do well. He had a spinal cord stimulator trial with improvement noted. Spinal cord stimulator placement was denied. Discussion of possible hardware removal was noted in the records. According to a progress report dated 07-20-2015, the injured worker was seen for a lower back condition. He had undergone a lumbar fusion anterior posterior to L4-5 and 5-1. He had always had some back pain. He was developing increasing bilateral thigh pain right greater than left. This caused tightness in his quads. He also described numbness and tingling in his feet like a neuropathy. He had also been having neck pain referred into his arms and would wake up with pain that radiated into the trapezial muscle, not down his arms. Physical examination demonstrated that he was tender with Spurling sign to the right in his neck, no motor or sensory deficits in the arms. Lumbar exam showed that he had tightness to his quadriceps bilaterally, normal reflexes and no major motor deficits. The provider noted that a new MRI demonstrated evidence of a solid fusion, wide laminectomies at L4-5 and L5-S1. He had broad-based disc protrusion, degenerative bulge more to the right at L3 and 4, this created lateral recess and some foraminal narrowing at this level. Diagnoses included adjacent level disc protrusion, degenerative disc disease L3 and 4, lumbar radiculitis right greater than left L3 and 4. Bilateral L3 nerve blocks with sedation were recommended. An MRI scan of the neck was discussed to rule out neural impingement. The provider noted that the injured worker had a history of cervical spinal degenerative disc changes at an early age. An authorization request was submitted for review. The requested services included bilateral C3 nerve block with sedation and MRI of the cervical spine without contrast. Records submitted for review showed treatment

history of lumbar condition but not of the cervical spine. On 08-07-2015, Utilization Review non-certified the request for MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic): Magnetic Resonance Imaging (MRI) (2015).

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 section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine without contrast is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnosis is adjacent level disc protrusion, degenerative disc disease L3 and L4, lumbar radiculitis right greater than left L3 and L4. Date of injury is September 19, 2001. Request for authorization is July 20, 2015. According to a July 20, 2015 progress note, the injured worker is status post lumbar fusion. Subjective complaints include neck pain that radiates to the arms and trapezius muscle groups. Objectively, there is tenderness to palpation (cervical) and a positive Spurling's. There were no neurologic abnormalities. Motor and sensory examinations are unremarkable. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. It is unclear whether the injured worker underwent prior MRI cervical spine. Based on clinical information and medical records, peer-reviewed evidence-based guidelines, and unremarkable neurologic examination of the cervical spine and upper extremities, no objective evidence of radiculopathy and a normal motor and sensory examination, MRI cervical spine without contrast is not medically necessary.