

Case Number:	CM15-0171601		
Date Assigned:	09/11/2015	Date of Injury:	04/29/2015
Decision Date:	10/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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, Hawaii

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 49 year old male who sustained an industrial injury on 4-29-15 when his clothing got caught in a piece of machinery, causing his body to twist, hitting his head, resulting in injuries to his neck and back. He was initially diagnosed with a vertebral fracture through x-ray, received 10 sutures to the head and medication. Diagnoses include traumatic brain injury; cervical vertebrae fracture; posttraumatic myofascial pain syndrome; blurred vision; decreased hearing right ear; cervical and lumbar disc displacement; cervical and lumbar radiculopathy; cervical and lumbar sprain, strain. He currently (8-10-15) complains of neck and head pain with associated headaches with a pain level of 8 out of 10; constant low back pain radiating to the hip on the right side, motor weakness in the lower extremities and a pain level of 7 out of 10. On physical exam of the cervical spine there was decreased range of motion but with no spasm or tenderness noted; lumbar spine exam revealed tenderness to palpation, positive straight leg raise on the right, deep tendon reflexes were 2-2, motor strength was 5-5. There was a neurological consult done (4-29-15) and the final impression was C3 transverse fracture of the spinous process and lamina, "likely a stable fracture, but the patient does have pain and given the displacement, I am concerned that there could be ligamentous instability." Neurological exam dated 7-15-15 noted no tenderness of the spine and full mobility in all directions. The neurological impression from this visit was no focal or neurological deficits seen on examination. Diagnostics included computed tomography of the brain (4-29-15) no acute pathology; computed tomography of the cervical spine (4-29-15) showing non-displaced fracture of the spinous process of C3; x-ray of the cervical spine (5-19-15) mild disc space narrowing;

electroencephalogram (7-15-15) showing no definitive focal or paroxysmal features. Treatments include medications: Mobic, Tylenol #3; Amrix, Ambien; ASPEN collar; physical therapy. In the progress note dated 8-10-15 the treating provider's plan of care included a request for MRI of the lumbar spine. The request for authorization dated 8-10-15 indicated MRI of the lumbar spine. On 8-26-15 utilization review evaluated and non-certified the request for MRI of the lumbar spine based on no findings of neurological deficit and the records did not provide and differential diagnosis to explain the rationale for the request.

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 Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs.

Decision rationale: The patient presents with pain affecting the head, neck, and low back with radiation to the right hip. The current request is for MRI lumbar spine. The treating physician report dated 9/15/15 (96D) states, "I am requesting approval also for MRI of the brain, cervical, and lumbosacral spine." The MTUS guidelines do not address the current request. The ODG has the following regarding MRI of the lumbar spine: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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)." The medical reports provided do not show that the patient has received a prior MRI of the lumbar spine. In this case, the patient presents with low back pain that radiates to the right hip. Furthermore, there is documentation provided that shows the patient has received over one month of conservative therapy. The current request satisfies the ODG guidelines as outlined in the 'Low Back' chapter. The current request is medically necessary.