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| Case Number: | CM15-0172588 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 07/24/2003 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/01/2015 |

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: Arizona, California

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 (IW) is a 56 year old female who sustained an industrial injury on 07-24-2003. She reported low back and right knee pain. The injured worker was diagnosed as having Cervical Radiculopathy, Lumbar Radiculopathy, Chronic neck and back pain, Chronic shoulder complaints, Chronic right knee complaints, Chronic bilateral elbow complaints. Treatment to date has included physical therapy and chiropractic care, a MBB (medial branch block) on the left at L4-5 and L5-S1 (10-29-2014). She reports the medial branch block gave 50% relief and is still giving relief at the visit of 07-22-2015. A Rhizotomy at left L3, L4, and L5 medial branch nerves done 03/12/2015 is also giving relief, and she had good temporary relief of pain with 8 sessions of physical therapy. On 07-22-2015, the injured worker reports that her pain is decreasing since her last visit. She takes Norco and uses Lidopro cream for pain (with minimal relief) and takes Vicodin only when needed, and has reported stomach upset with Gabapentin. Medications from her primary care provider include Fluoxetine and Clonazepam. She reports her low back pain as a 3-4 on a pain scale of 10. Her neck pain she rates at a 5-6 on a scale of 10 with an increase in headaches and lightheadedness. Her last MRI was 09/20/2013 and it showed dextroscoliosis with degenerative disc disease, facet arthropathy, and retrolisthesis L3-4, L4-5, and L5-S1. Canal stenosis includes L4-5 mild to moderate canal stenosis. Neural foraminal narrowing includes L3-4 mild caudal right; L4-5 caudal right, mild to moderate left; and L5-S1 mild left neural foraminal narrowing. On exam, she has a nonantalgic gait. The worker is tender to palpation over the bilateral cervical paraspinals and trapezius muscles with spasms. In the thoracic spine she has tenderness to palpation of the right paraspinal musculature. Her lumbar

range of motion is mildly improved; her cervical range of motion is mildly limited in extension, and rotation. Upper extremity sensation is intact bilaterally to light touch, and the L4, L5, S1 dermatomes are decreased to light touch on the right especially the L4 dermatome. She has negative straight leg raise bilaterally. Treatment options were discussed. A request for authorization was submitted for a TFESI Right L4 Nerve Roots, a TFESI Right L5 Nerve Roots, and a MRI Scan Cervical Spine. A utilization review decision (08-31-2015) denied the MRI Scan of the cervical spine, and approved both TFESI requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Exam notes on 7/21/15 did not indicate any cervical or related neurological abnormalities to warrant an MRI. The request for an MRI of the cervical spine is not medically necessary.