

Case Number:	CM15-0176826		
Date Assigned:	09/17/2015	Date of Injury:	08/04/2010
Decision Date:	10/23/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/08/2015

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 69 year old male who sustained an industrial injury on 8-4-10. A review of the medical records indicates he is undergoing treatment for cervical spine musculo-ligamentous injury with discopathy, lumbar spine musculoligamentous injury with discopathy, discogenic low back pain, and chronic low back pain, lumbar spine radiculitis to right lower extremity, cervical and lumbar spine herniated nucleus pulposus, status post lumbar spine epidural injections (November 2012), and stress, anxiety, depression, sleep disturbance disorder, and psychological complaints. Medical records (7-22-15) indicate complaints of increased low back pain, pain in the lower extremities, and pain in the cervical spine with numbness in the back. The physical exam indicates tenderness to palpation of the cervical and lumbar spine with diminished range of motion and grip strength. No prior diagnostic studies are noted in the medical records. The request for authorization includes an open MRI of the cervical and lumbar spine. The utilization review (8-3-15) indicates denial of the requested service based on the clinical information available for review, which was noted to be the PR-2, dated 7-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (open) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

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 (open) cervical spine 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 diagnoses are cervical spine musculoligamentous injury with discopathy; lumbar spine musculoligamentous injury with discopathy; lumbar spine radiculitis right lower extremity; cervical/lumbar spine herniated nucleus pulposus; status post lumbar spine epidural injections; and stress, anxiety and depression, sleep disturbance. Date of injury is August 4, 2010. Request for authorization is July 28, 2015. According to a July 22, 2015 handwritten and partially illegible progress note, subjective complaints include low back pain with radiation alone extremities. There is cervical spine pain with numbness. The remainder of the subjective complaint is illegible. Objectively, there is tenderness to palpation. Motor function is normal. There is no neurologic examination. There is no objective evidence of radiculopathy on physical examination. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There are no red flags present. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no neurologic examination with unequivocal objective findings that identify specific nerve compromise and no red flags, MRI (open) cervical spine is not medically necessary.