

Case Number:	CM15-0177218		
Date Assigned:	09/17/2015	Date of Injury:	07/07/2004
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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 62 year old male, who sustained an industrial injury on 7-7-2004. The injured worker was diagnosed cervical intervertebral disc disorder with myelopathy, thoracic intervertebral disc displacement without myelopathy, lumbar intervertebral disc displacement without myelopathy and unspecified backache. The request for authorization is for: one magnetic resonance imaging of the lumbar spine without gadolinium, one magnetic resonance imaging of the cervical spine without gadolinium, and one x-rays of the neck and lower back. The UR dated 8-27-2015: non-certified the request for one magnetic resonance imaging of the lumbar spine without gadolinium, one magnetic resonance imaging of the cervical spine without gadolinium, and one x-rays of the neck and lower back; and certified the request for one EMG-NCV and one urine drug screen. On 2-2-2015, he reported increased neck pain and spasms and increased low back pain and thoracic stiffness. He also reported an increase in bilateral arm pain and left leg numbness. He reported medications allow him to work. Physical findings revealed myospasms. He is noted to be permanent and stationary with no limitations or restrictions. On 3-5-2015, he reported being laid off and feeling that his neck pain was worsened. He rated his pain 5 out of 10. He also reported bilateral arm radiculopathy symptoms and worsened thoracic spine pain which was rated 7 out of 10. He indicated the thoracic spine pain to make it difficult for him to breath. In addition, he reported worsened low back pain rated 6 out of 10. Physical findings revealed myospasm in the lumbar area, and decreased range of motion to the neck. On 7-16- 2015, he reported low back pain rated 3 out of 10, thoracic pain rated 5 out of 10, and neck pain rated 6 out of 10. On 8-14-2015, he reported neck pain with radiation into both arms

rated 8-9 out of 10, low back pain rated 5-6 out of 10 with radiation into the legs. He is now retired. The neck and low back are noted to have decreased range of motion. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the lumbar spine (8-25-2004), magnetic resonance imaging of the thoracic spine (8-25-2004), magnetic resonance imaging of the cervical spine (8-25-2004, 1-31-2006, 4-9-2012), medications, Toradol injections, electrodiagnostic studies (9-3-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine without gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging) (2015).

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

Decision rationale: The records indicate the patient has chronic neck and low back pain with associated pain and paresthesias into the upper and lower extremities. The current request for consideration is one MRI of the lumbar spine without gadolinium. 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 indications for lumbar MRI involve trauma, or neurologic deficit. In this case, the patient sustained a work related injury in 2004. The records do not indicate any recent trauma or current neurologic deficit. The current request is not consistent with ODG guidelines, and available medical records do not establish medical necessity for an MRI of the lumbar spine.

One MRI of cervical spine without gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Neck & Upper Back (Acute & Chronic): MRIs (magnetic resonance imaging) (2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck Chapter, MRI.

Decision rationale: The records indicate the patient has chronic neck and low back pain with associated pain and paresthesias into the upper and lower extremities. The current request for consideration is one MRI of the cervical spine without gadolinium. 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, and have no neurologic findings, do not need imaging.

Indications for cervical MRI are patient's with radiculopathy if severe, or progressive neurologic deficit. In this case, there is no evidence of any neurologic deficits. In this case, the records indicate the patient has had two previous MRI scans of the cervical spine in 2004 and 2012. The physical examination does not indicate decreased sensation in a dermatomal distribution, loss of motor strength, or diminished reflex testing. There is nothing to indicate the patient is having focal neurological deficits or progression of neurological deficits. The available medical records do not establish medical necessity for an MRI of the cervical spine.

One x-rays of the neck and lower back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back (Acute & Chronic): Radiography; Low Back - Lumbar & Thoracic (Acute & Chronic) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cervical and Lumbar Chapter, Radiography.

Decision rationale: The records indicate the patient has chronic neck and low back pain with associated pain and paresthesias into the upper and lower extremities. The current request for consideration is for x-rays of the neck and lower back. ODG guideline state that for most patients presenting with neck or back problems, special studies are not needed unless a three-to-four week period of conservative care and observation fails to improve symptoms. Lumbar x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. In the lumbar spine, x rays are indicated in trauma when there is pain or tenderness with serious bodily injury, neurological deficit or seat belt fracture, and also in uncomplicated low back pain when there is trauma, steroid use, osteoporosis or over 70 or suspicion of cancer or infection. In this case, the records indicate that the patient has had previous MRI of the cervical spine both in 2004 and 2012. There is no evidence of progressive neurological deficit or new trauma and therefore medical necessity is not established with the available medical records.