

Case Number:	CM15-0177757		
Date Assigned:	09/18/2015	Date of Injury:	10/25/1986
Decision Date:	10/21/2015	UR Denial Date:	08/05/2015
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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 is a 58 year old male who sustained an industrial injury on October 25, 1986. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbago, failed back surgery-post laminectomy syndrome lumbar, cervicgia, chronic pain syndrome, encounter for long-term use of other medications, and encounter for therapeutic drug monitoring. Treatment to date has included diagnostic studies, physical therapy, surgery, and medication. Prolotherapy was noted to provide "some benefit." On June 9, 2015, the injured worker complained of neck and low back pain. His pain was accompanied by radiculopathy to both lower extremities and also numbness to both hands. This pain was rated as a 7-9 on a 1-10 pain scale. Physical examination of the cervical spine revealed paraspinal tenderness on the left and right along with painful rotation to the left and right at 40 degrees. There was a positive foraminal closure test on the left and on the right. The treatment plan include rhizotomy bilateral L3 and L4, rhizotomy bilateral C3, C4, C5 and C7, prolotherapy, x-rays of cervical spine, and medications. On August 5, 2015, Utilization Review denied a request for an MRI of the lumbar spine with and without contrast and an MRI of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The CA MTUS is silent on the issue of MRI for the lumbar spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are undergoing evaluation. The cited ODG states that MRI's are not recommended for uncomplicated low back pain with radiculopathy, until at least one month of conservative therapy has been completed; sooner if a severe or progressive neurologic deficit is present. Repeat MRI is indicated when there is a significant change in symptoms and/or findings suggestive of significant pathology. In the case of this injured worker, the treating provider on June 9, 2015, noted his pain was rated 5-7/10 on the visual analog scale, with radicular symptoms right greater than left. He also has had a previous MRI and multiple surgeries of the lumbar spine with continued stable exam findings, and no demonstrated red-flag diagnoses, or documented progressive neurologic deficits. Therefore, the request for MRI of the lumbar spine with and without contrast is not medically necessary and appropriate at this time.

MRI 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 (ODG), Neck and Upper Back Chapter, MRIs.

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 and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The CA MTUS is silent on the issue of MRI for the cervical spine; however, the cited ACOEM guideline states that if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be indicated to define a potential cause for neural or other soft tissue symptoms. Furthermore, imaging studies should be reserved for cases in which surgery is being considered for a specific anatomic defect or red-flag diagnoses are undergoing evaluation. The cited ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. One of the criteria for cervical MRI is neck pain with radiculopathy if severe or progressive neurologic deficit is present. In the case of this injured worker, the treating provider on June 9, 2015, noted his pain was rated 5-7/10 on the visual analog scale, with radicular pain and numbness to bilateral hands. An electromyogram from July 9, 2015, showed polyradiculopathy involving C5- 7 in both upper extremities, but he has had continued stable exam findings, and no demonstrated red-flag diagnoses, or documented progressive neurologic deficits. Therefore, the request for MRI of the cervical spine without contrast is not medically necessary and appropriate at this time.