MAXIMUS Federal Services

Case Number:	CM15-0038446		
Date Assigned:	03/09/2015	Date of Injury:	01/07/2009
Decision Date:	05/11/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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
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 43-year-old female who reported an injury on 01/07/2009. The mechanism of injury was not provided. The diagnosis included status post cervical spine fusion rule out recurrent disc herniation, lumbar spine sprain and strain, and cervical radiculopathy bilaterally. The documentation of 01/20/2015 revealed the injured worker had persistent pain in the neck and low back. The pain was slightly worsening with new pain down her left leg that was burning and worsening radicular symptoms and weakness to her arms and hands. The injured worker was ambulating with a cane. The injured worker was utilizing a back brace for prolonged ambulation. The injured worker was utilizing tramadol to help take her pain from an 8 to 9, down to a 4. The physical examination of the cervical spine revealed decreased range of motion and tenderness to the paraspinals bilaterally. The injured worker had decreased strength and sensation of 4/5 bilaterally at C6-8. Deep tendon reflexes were 2+ bilaterally at the brachioradialis and triceps. There was a positive cervical compression test. Examination of the lumbar spine revealed decreased range of motion with tenderness to the paraspinals. There was a positive straight leg raise on the left at 70 degrees to the posterior thigh. The neurovascular status was normal distally. Deep tendon reflexes were 2+ bilaterally at the patellar and Achilles tendon. The treatment plan included an MRI of the cervical and lumbar spine with contrast to rule out herniated nucleus pulposus at adjacent joints versus other internal derangement. There was a Request for Authorization submitted on 01/28/2015. The documentation of 10/31/2014 revealed the injured worker had an objective examination with decreased range of motion with tenderness to the paraspinals bilaterally. The injured worker had decreased strength and

sensation at 4/5 bilaterally from C5-8. The cervical compression test was positive. The injured worker had decreased range of motion of the lumbar spine with tenderness to the paraspinals. There was a positive straight leg raise on the left at 70 degrees to the posterior thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for most patients presenting with true neck or upper back problems, special studies are not needed unless there has been a 3 to 4 week period of conservative care and observation that fails to improve symptoms. The criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had undergone a surgical procedure to the cervical spine. There was a lack of documentation indicating the injured worker had a failure to progress in a strengthening program intended to avoid surgery. The injured worker was not noted to have progression of neurologic dysfunction, per physical examination. Given the above, the request for MRI of the cervical spine with contrast is not medically necessary.

MRI of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 30, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide documentation of conservative care that was provided for the lumbar spine. There was a lack of documentation of unequivocal objective findings indicating myotomal and dermatomal findings to support the necessity for an MRI. Given the above, the request for MRI of the lumbar spine with contrast is not medically necessary.