MAXIMUS Federal Services

Case Number:	CM15-0065255		
Date Assigned:	04/09/2015	Date of Injury:	01/24/2003
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of January 24, 2003. In a Utilization Review report dated March 4, 2015, the claims administrator failed to approve requests for cervical MRI imaging, thoracic MRI imaging, and lumbar MRI imaging. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical spine surgery in 2013. The note was very difficult to follow as it mingled historical issues with current issues. The applicant had reportedly fallen in unspecified amounts at times, it was noted. The applicant had weakness about the upper and lower extremities with a near-complete right lower extremity foot drop, it was reported. The applicant had issues with known cervical spinal stenosis, cervical radiculopathy versus cervical myelopathy, diabetes mellitus, and chronic low back pain. The applicant's medications include Tenormin, Wellbutrin, Lipitor, Flexeril, Cymbalta, diltiazem, Valium, Lexapro, Levoxyl, losartan, Mevacor, metformin, oxycodone, Topamax, and Effexor, it was acknowledged. The applicant was obese, with BMI of 35. 3-4/5 right upper extremity strength was appreciated versus 5/5 left upper extremity strength. Weakness about the right lower extremity was also reported. Despite reporting a foot drop in one section of the note, the attending provider stated that the applicant exhibited a normal gait in another section of the note. At the bottom of the report, it was stated that the applicant's symptoms were progressively worsening. MRI imaging of the cervical spine, thoracic spine, and lumbar spine were endorsed to see a neurocompressive lesion, which would account for the applicant's symptoms. It was suggested that the applicant

might need to go to the emergency department to further evaluate his issues with alleged myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Yes, the request for MRI imaging of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, the requesting provider seemingly suggested that the applicant had issues with foot drop, lower extremity weakness, upper extremity weakness, etc., reportedly imputed to cervical myelopathy versus possible lumbar radiculopathy. The attending provider did seemingly suggest that the applicant would act on the results of the study in question and consider surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.

Magnetic resonance imaging (MRI) of the cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for MRI imaging of the cervical spine was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI imaging of the cervical spine is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the attending provider had suggested that the applicant had developed either a recurrent cervical radiculopathy versus cervical myelopathy with symptoms including falling, weakness about the upper and lower extremities, etc., evident on the February 20, 2015 progress note at issue. The attending provider did suggest that the applicant was intent on pursuing a surgical remedy. Obtaining MRI imaging was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.

Magnetic resonance imaging (MRI) of the thoracic spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Finally, the request for MRI imaging of the thoracic spine was likewise medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI imaging of the neck and/or upper back is "recommended" to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant did exhibit symptoms of upper and lower extremity weakness, foot drop, falling, progressively worsening neck and mid back pain, etc., on the February 20, 2015 progress note at issue. The attending provider did seemingly suggest that the applicant would act on the results of the study in question and/or consider decompressive surgery based on the outcome of the same. Various items on the differential diagnosis list included cervical myelopathy, thoracic myelopathy, recurrent cervical radiculopathy, new-onset lumbar radiculopathy, etc. MRI imaging was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.