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| Case Number: | CM15-0068471 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 02/04/2010 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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 28 year old male with an industrial injury dated 02/04 2010. His diagnosis includes chronic lower back pain, lumbosacral degenerative disc disease and chronic pain syndrome. Prior treatment includes physical therapy, home exercise program, medications and diagnostics. He presents on 03/20/2015 with complaints of pain in mid and lower back rated as 7/10. Physical exam reveals postural guarding and stiffness. He walks with a wide based gait and had difficulty standing up from the chair. The provider notes the injured worker has not shown any kind of improvement except when he was receiving physical therapy. The provider also notes the injured worker has gradually gone down in his daily function because of lack of physical and pool therapy. Included in the plan of treatment was diagnostics to include MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back-Lumbar and Thoracic -MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation neck and upper back chapter, MRI's.

Decision rationale: This patient presents with chronic low back and mid back pain. The Request for Authorization is not provided in the medical file. The current request is for MRI OF CERVICAL SPINE. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, Neck and Upper Back chapter have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. According to progress report 03/20/15, the patient presents with mid-back and low back pain that radiates into the bilateral lower extremities with numbness and tingling in the left leg. The treating physician states that the patient has had multiple MRIs of the back in 2013 which has shown "minimal changes including mild degenerative disc disease." He further states that the patient has not shown improvement and is requesting a repeat MRI "to see the progress of his condition." The Utilization review letter states that this is request for MRI of the thoracic spine and cervical spine. The MRI of the thoracic spine was approved, and the c-spine MRI was denied based on the fact that there "was no indication of cervical disease." In this case, this patient does not present with any complaints of the cervical spine and examination findings do not indicate neurological deficit to warrant a MRI. ODG and ACOEM guidelines allow for a MRI only when significant neurologic deficit is suspected. Given the lack of clinical evidence, this request IS NOT medically necessary.