MAXIMUS Federal Services

Case Number:	CM15-0090517		
Date Assigned:	05/14/2015	Date of Injury:	12/17/2007
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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 54-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 17, 2007. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve requests for cervical and lumbar MRI imaging, citing progress notes of April 15, 2015 and April 1, 2015 in its determination. The claims administrator noted that the applicant had had earlier cervical and lumbar MRI imaging in February 2014. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported ongoing complaints of neck pain radiating to left lower extremity and low back pain radiating into the left lower extremity. Repetitive motions exacerbated the applicant's pain complaints, it was acknowledged. The applicant was not working and had not worked since the date of injury, it was acknowledged. Walking, sitting, and standing remained problematic, the treating provider reported. Physical therapy, manipulative therapy, and epidural steroid injections had all proven unsuccessful. The applicant was on Norco, Soma, and lidocaine patches, it was reported 4+ to 5/5 bilateral upper extremity strength was appreciated with some hyposensorium noted about the C6-C7 distribution bilaterally. Positive left-sided straight leg raising was appreciated with left-sided ankle plantar fascia scored at 4+/5, with the remainder of the lower extremity musculature scored at 5/5. The attending provider stated that he believed the applicant had issues with cervical myelopathy and/or radiculopathy with evidence of severe central canal stenosis at C5-C6 and C6-C7, based on earlier cervical MRI imaging of February 12, 2014. The attending provider suggested that the applicant move forward with a C5-C7 anterior cervical decompression and fusion procedure.

Updated cervical and lumbar MRIs were sought. Urine drug testing was endorsed. The attending provider made no mention of the applicant's willingness to consider any kind of surgical intervention involving the lumbar spine, it was incidentally noted.

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 and 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: Yes, the request for cervical MRI imaging is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the requesting provider did note on April 15, 2015 that the applicant was in fact a candidate for C5-C7 cervical decompression-fusion surgery. The attending provider signaled his intention to act on the results of the study in question, noting that he was actively considering surgical intervention involving the cervical spine based on the outcome of the study in question. The applicant's presentation was suggestive of an active cervical radiculopathy, with complaints of neck pain radiating to the left arm present on or around the date in question. Earlier cervical MRI imaging of February 2014 was likely too dated for preoperative planning purposes. The requesting provider was a spine surgeon, increasing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request is medically necessary.

MRI of the lumbar spine with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: Conversely, the request for lumbar MRI imaging is not medically necessary, medically appropriate, or 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, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study. The requesting provider stated on April 15, 2015 that he was seeking lumbar MRI imaging for routine evaluation purposes, largely for the purposes of obtaining "updated" lumbar MRI imaging. There was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question. Therefore, the request is not medically necessary.