

Case Number:	CM15-0095992		
Date Assigned:	05/22/2015	Date of Injury:	03/29/2011
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/18/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a year old male, who sustained an industrial injury on March 29, 2011, incurring cervical, thoracic and lumbar spine injuries after a fall. Magnetic Resonance Imaging of the neck revealed cervical disc bulging and spinal stenosis, Magnetic Resonance Imaging of the thoracic spine showed disc bulging with foraminal narrowing. He was diagnosed with thoracic degenerative disc disease, lumbar degenerative disc disease with myelopathy and lumbar disc displacement. Treatment included pain medications, antidepressants, physical therapy, home exercise program, assistive devices, psychology treatments, and acupuncture and work modifications. Currently, the injured worker complained of neck pain, frequent headaches with radiation into the shoulders and upper and lower back with radiation into the lower extremities. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the cervical spine, Magnetic Resonance Imaging of the thoracic spine and a Psychiatric consultation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine without contrast material:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172 and 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - MRI (Magnetic Resonance Imaging) of the cervical spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine without contrast is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are musculo tendino ligamentous sprain/strain lumbar spine; sacroiliac dysfunction; lumbar facet arthropathy; muscle spasms; and cephalgia. MRI cervical spine was performed on December 19, 2011. Notable results include an annular concentric broad-based 3.0 mm disc protrusion, flattening and abutting the anterior portion of the thecal sac with decreased anterior subarachnoid space. There is mild bilateral lateral spinal and foraminal stenosis. Progress note dated April 17, 2015 subjectively states the injured worker has neck and low back pain. The cervical spine has mild decreased range of motion. There is no neurologic evaluation in the April 17, 2015 progress note. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). There is no documentation of a significant change in symptoms and/or objective clinical findings suggestive of significant pathology. Consequently, absent clinical documentation with a significant change in symptoms and/or objective findings with a prior MRI performed December 19, 2011, MRI cervical spine without contrast is not medically necessary.

MRI (Magnetic Resonance Imaging) of the thoracic spine without contrast material:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172 and 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - MRI (Magnetic Resonance Imaging) of the cervical spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the thoracic spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. MRI indications the rest include thoracic spine trauma with neurologic deficit. In this case, the injured worker's working diagnoses are musculo tendino ligamentous sprain/strain lumbar spine; sacroiliac dysfunction; lumbar facet arthropathy; muscle spasms; and cephalgia. MRI thoracic spine was performed on December 19, 2011. Notable findings include an annular broad-based 3.0 - 3.5 mm disc protrusion, flattening and abutting anterior portion of the thecal sac. Progress note dated April 17, 2015 subjectively states the injured worker has neck and low back pain. The thoracic spine has mild decreased range of motion. There is no neurologic evaluation in the April 17, 2015 progress note. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). There is no documentation of a significant change in symptoms and/or objective clinical findings suggestive of significant pathology. Consequently, absent clinical documentation with the significant change in symptoms and/or objective clinical findings suggestive of significant pathology with a previous MRI performed on December 19, 2011, MRI thoracic spine without contrast is not medically necessary.

Psychiatric consultation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, psychiatric consultation and treatment is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs

and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker is working diagnoses are musculotendinoligamentous sprain/strain lumbar spine; sacroiliac dysfunction; lumbar facet arthropathy; muscle spasms; and cephalgia. The documentation indicates the injured worker had a psychological evaluation August 18, 2014 by a neurologist performing an AME (agreed medical examination). Recommendations included a neuropsychiatric evaluation. There is no documentation in the record of a neuropsychiatric evaluation. The utilization review states the injured worker underwent a psychological evaluation with neuropsychiatric recommendations. There is no documentation in the medical record the treating provider requested records regarding the psychological evaluation and neuropsychiatric recommendations. Consequently, absent clinical documentation of prior psychological evaluations with neuropsychiatric recommendations, psychiatric consultation and treatment is not medically necessary.