

Case Number:	CM15-0097612		
Date Assigned:	05/28/2015	Date of Injury:	05/11/2009
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 45 year old female patient who sustained an industrial injury on 05/11/2009. The patient underwent a magnetic resonance imaging study of the cervical spine on 04/17/2015 which revealed evidence of anterior fusion of C3-4 with anterior plate and screws running through C3-4 and disc implant at this segment; C3-4 shows central disc protrusion with ventral narrowing of the thecal sac; C4-5 shows desiccation, central disc protrusion with ventral narrowing of the thecal sac; C5-6 desiccation and ventral narrowing; C6-7 shows desiccation, central disc protrusion and narrowing of the thecal sac and significant narrowing of the left lateral recess and moderate narrowing of the right lateral recess; C7-T1 benign. A MRI of the left wrist done on 04/20/2015 showed some increased signal beneath the transverse retinaculum near the median nerve which may represent carpal tunnel syndrome. A follow up visit dated 04/10/2015 reported subjective complaint of left sacroiliac, left lumbar, lumbar, right lumbar, right sacroiliac, right pelvic, right buttock, right posterior leg, right posterior knee, right calf, right ankle/foot, right anterior leg, right anterior knee, right shin, right ankle, left anterior wrist, left anterior hand, and bilateral cervical pain. In addition, she is experiencing dizziness, anxiety, stress and insomnia. Objective findings showed cervical spine with palpable tenderness, left and right dorsal, upper thoracic, left anterior wrist, right anterior wrist, lumbar, bilateral sacroiliacs, and bilateral buttocks, left posterior leg, and left anterior ankle. McMurray's maneuver noted positive on the left. The following diagnoses were applied: cervical disc disorder, lumbalgia, sciatica, lumbar IVD displacement without myelopathy, internal derangement, knee and carpal tunnel syndrome. The plan of care involved: changing primary treating physicians, undergo the

following diagnostics: magnetic resonance imaging of cervical, lumbar spine and bilateral wrists. She was prescribed the following medications: compound topical cream, Flexeril, and Meloxicam. She is also recommended to start a home interferential unit for pain control. She is to remain temporary disabled for 45 days, and follow up. The patient did undergo electro-diagnostic nerve conduction study on 02/16/2015.

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: Upheld

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): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, and upon review of the documentation at the time of this request, there was insufficient documentation to support MRI imaging as there was no subjective complaints of tingling, numbness, or weakness, and there was insufficient physical findings documented such as decreased sensation, reflexes, or strength to help support the diagnosis of spinal radiculopathy. Therefore, the request for a lumbar MRI will be considered medically unnecessary.