

Case Number:	CM14-0143679		
Date Assigned:	09/12/2014	Date of Injury:	02/09/2007
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 2/9/2007. Per neurosurgical reevaluation report and request for treatment authorization dated 7/18/2014, the injured worker has continued to utilize symptomatic medications as needed and as directed. He has been attending a course of physical therapy with benefit reported. The denies any new or further injury since his last visit. He states he has not been seen by any other physician other than his primary treating physician, nor has he undergone any diagnostic testing since last seen. The is status post cervical spine surgery. He complains of ongoing pain and stiffness to his cervical spine radiating down both arms, left greater than right with numbness, tingling and weakness to the upper extremities. He also complains of persistent and increasing pain and stiffness to his lumbar spine radiating down both legs, with numbness and tingling into both lower extremities, groin and testicles. On examination his stance is erect and the shoulder girdle is level. He walks with the assistance of a cane. Examination of the cervical spine reveals well healing surgical scarring. There is no erythema, ecchymosis or gross deformity. There is tenderness to palpation over the paraspinous region, with spasms present. Range of motion of the cervical spine remains limited with flexion to 40 degrees, extension to 45 degrees, right lateral bending to 20 degrees, left lateral bending to 20 degrees, right rotation to 55 degrees and left rotation to 55 degrees. Cervical compression and distraction testing is negative. Formainal compression testing is negative. Detoids, biceps, and triceps strengths are 5-/5 on the left and 5/5 on the right. Wrist flexor and extensor strengths are 4+/5 on the left and 5/5 on the right. Grip strength sare 5/5 bilatearly. Interosseous and opponens pollicis longus strengths are 4/5 on the left and 4+/5 on the right. There is slightly decreased sensation in the C4, C5 and C6 dermatomal distributions bilaterally. Biceps and triceps reflexes are 1+ bilaterally. Lumbar spine has tenderness to palpation over the para spinous region with spasms present. Range of motion of the lumbar spine is limited, with flexion to 30 degrees,

extension to 10 degrees, right lateral bending to 10 degrees and left lateral bending to 10 degrees. Straight leg raises are positive bilaterally at 40 degrees in both the sitting and supine positions. Sacroiliac strain testing is positive. Iliopsoas strengths are 5/5 bilaterally. Quadriceps and hamstrings strengths are 5/5 on the right and 5-/5 on the left. Extensor hallucis longus, extensor digitorum longus, and tibialis anterior strengths are 5-/5 on the right and 4/5 on the left. There is decreased sensation in the left L5 and bilateral S1 dermatomal distributions. Patellar and Achilles reflexes are hyperreflexive, bilaterally. Hoffman's sign is positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The requesting physician explains that MRI scan of the lumbar spine is requested to assess the injured worker's current pathology and any deterioration in the spine, and to assess the exact surgical procedure necessary. Prior lumbar spine MRI scans were done on 9/14/2012 and 12/27/2013. There is no report of new complaints or examination findings which may warrant a repeat MRI. Medical necessity of this request has not been determined. The request for REPEAT MRI LUMBAR SPINE is determined to not be medically necessary.