

Case Number:	CM13-0000771		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2013
Decision Date:	09/05/2014	UR Denial Date:	06/07/2013
Priority:	Standard	Application Received:	06/20/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 40-year-old male with a 2/9/13 date of injury. The mechanism of injury was a motor vehicle accident. According to a progress report dated 5/28/14, the patient complained of neck pain that radiated down bilateral upper extremities. The pain was aggravated by activity and walking. He complained of low back pain that radiated down the bilateral lower extremities. The pain was accompanied by numbness constantly in the bilateral lower extremities, tingling, and muscle weakness. He rated his pain at 7/10 in intensity with medications and 10/10 in intensity without medications. He stated that his pain has worsened since his last visit. Objective findings include tenderness at the trapezius muscles bilaterally and paravertebral C4-7 area; limited range of motion of the cervical spine; sensory examination intact to touch/pinprick; tenderness to palpation bilaterally in the paravertebral area L3-S1 levels; decreased flexion of the lumbar spine to 50 degrees due to pain and extension limited to 20 degrees due to pain; and decreased sensitivity to touch along the L4-S1 dermatome in both lower extremities. The diagnostic impression is of cervical radiculitis, cervical radiculopathy, lumbar facet arthropathy, lumbar radiculitis, lumbar radiculopathy, and left knee pain. Treatment to date has been medication management, activity modification, physical therapy, trigger point injections, and acupuncture.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-MRI.

Decision rationale: The California MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. According to the reports reviewed, it is noted that the patient had a prior cervical MRI done on 6/28/13. There is no documentation of any significant changes in the patient's condition to warrant repeat imaging. In addition, it is noted in an RFA dated 5/27/14 that the provider is requesting an EMG of bilateral upper extremities. Therefore, the request for MRI of the cervical spine is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI.

Decision rationale: The California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative and with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. According to the reports reviewed, it is noted that the patient had a prior lumbar MRI done on 6/28/13. There is no documentation of any significant changes in the patient's condition to warrant repeat imaging. In addition, it is noted in an RFA dated 5/27/14 that the provider is requesting an EMG of bilateral lower extremities. Therefore, the request for MRI of the lumbar spine is not medically necessary.