

Case Number:	CM13-0016210		
Date Assigned:	11/06/2013	Date of Injury:	04/14/2012
Decision Date:	01/22/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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:

The patient is a 39-year-old female who reported an injury on 04/14/2012. A clinical note dated 07/01/2013, signed by [REDACTED], reported that the patient complained of pain when she was transporting 2 heavy housekeeping carts to a floor, pushing one and pulling the other. She was noted to have treated with medications and physical therapy with an increase of range of motion and decreased pain in the cervical spine as well as acupuncture with moderate benefit, temporarily decreasing the cervical and lumbar pain. She was noted to have been treated with chiropractic therapy with mild benefit for the lumbar and thoracic pain. The patient was noted to have undergone an epidural steroid injection to the lumbar spine on 04/10/2013. The patient was reported to continue to complain of right-sided neck pain rated at a 4/10. On physical examination, she was noted to have undergone x-rays of the cervical spine on that date that noted a small syndesmophytes at C4-5 and C5-6 with mild facet narrowing and sclerosis at C5-6. X-rays of the lumbar spine noted mild narrowing by 10% to 20% at the L5-S1 disc space with mild associated facet sclerosis. It was reported that on 07/22/2013, she complained of increased numbness and tingling in the upper extremities and noted that her pain had improved due to an ESI that had been performed. She reported increased numbness and tingling in the groin region without bowel or bladder incontinence. The patient was reported to have undergone an MRI of the cervical spine in 11/2012 that showed disc desiccation from C2-3 to C6-7 that caused bilateral neural foraminal narrowing and spinal canal narrowing, most prominent at the C5-6 level. An MRI performed on the same date was reported to show disc desiccation and loss of disc height from L2-3 through L5-S1 with concurrent bilateral facet degenerative changes as well as bilateral ligamentum flavum hypertrophy causing bilateral neural foraminal narrowing, spinal canal narrowing and bilateral

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for the lumbar and cervical spine i: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (updated 06/07/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient is a 39-year-old female who reported an injury to her cervical spine and low back on 04/14/2012. The patient was noted to have been treated extensively with physical therapy, acupuncture and chiropractic with temporary relief of pain. She was noted to have complaints of neck pain with radiation of pain to the right upper extremity and low back pain with radiation of pain to the left lower extremity. The patient was noted to have previously treated with epidural steroid injections to the cervical and lumbar spines with some benefit. She was noted on physical examination of the cervical spine to have mildly decreased range of motion, decreased sensation at the C6 radial and C7 median distribution, 5/5 strength and normal deep tendon reflexes with minimal deficits of range of motion. Examination of the lumbar spine noted intact sensation, intact motor strength, mildly decreased deep tendon reflexes at the bilateral Achilles and the right patellar reflexes as well as mildly decreased range of motion. She was noted to have a positive straight leg raise of the right lower extremity with reproduction of radiculopathy to the right lateral ankle. She was reported to have previously undergone electrodiagnostic studies that were reported to be normal and is noted to have previously undergone MRIs of the cervical and lumbar spines, which were reported to show disc desiccation and a loss of disc height from L2-3 to L5-S1 with bilateral facet degenerative changes, bilateral ligamentum flavum hypertrophy causing bilateral neural foraminal narrowing, canal narrowing and bilateral recess stenosis most prominently at L5-S1. The MRI was reported to show disc desiccation from C2-3 down through C6-7, causing bilateral neural foraminal narrowing and spinal canal narrowing, most prominent at the C5-6 level. The MTUS/ACOEM Guidelines recommend referrals when the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, has difficulty obtaining information, or an agreement to a treatment plan. Given that the patient has continued to improve with conservative treatment, including epidural steroid injections (ESIs), and is not noted to have severe or progressive neurological deficits; the need for a consultation for the lumbar and cervical spines is not established. Based on the above, the request for a consultation for the lumbar and cervical spines is non-certified.