

Case Number:	CM13-0017218		
Date Assigned:	11/06/2013	Date of Injury:	04/10/1989
Decision Date:	03/12/2014	UR Denial Date:	08/13/2013
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 Orthopedic Surgery 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 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.

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 52-year-old injured worker who sustained an injury to the neck and low back on 04/10/89. A 07/29/13 orthopedic assessment documented continued complaints of low back and neck pain with arm paresthesias and noted that a recent course of acupuncture had been discontinued. Physical examination findings demonstrated a "normal gait" with no other documentation or assessment of orthopedic or neurologic findings. The claimant was given a diagnosis of chronic pain syndrome, neck pain, cervical radiculopathy, and low back pain. The recommendations were for MRI scans of both the cervical and lumbar spine for further assessment. The clinical records for review also included a 06/18/13 assessment by [REDACTED], that showed a physical examination with tenderness to the cervical spine on palpation, restricted range of motion, equal and symmetrical reflexes and no documentation of motor or sensory deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and 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 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

Decision rationale: Based on California ACOEM Guidelines, the MRI of both the cervical and lumbar spine would not be supported. The clinical records in this case fail to demonstrate positive physical examination findings of the cervical or lumbar spine indicative of an acute radicular process, for which MR imaging of the cervical or lumbar spine would be indicated at this stage in the course of the care greater than 23 years from the date of injury. The lack of documentation of a change in the physical examination findings of the cervical and lumbar spine would not support either of the tests being requested. The request for MRI of the cervical and lumbar spine is not medically necessary and appropriate.