

Case Number:	CM13-0021138		
Date Assigned:	11/08/2013	Date of Injury:	03/04/2008
Decision Date:	01/27/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

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. 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 claimant is a 59-year-old female who was injured in a work related accident on March 4, 2008 sustaining both low back and neck injuries. Noted for review was a recent July 25, 2013 handwritten progress report by [REDACTED] indicating current complaints of right hip pain, lumbar pain, neck pain, bilateral shoulder pain and thoracic pain. Physical examination findings demonstrated tenderness with flexion of the lumbar spine with restricted range of motion, tenderness to the cervical spine with restricted range of motion and a positive Kemp test. The claimant was diagnosed with previous cervical disc protrusions per MRI March 18, 2010 as well as lumbar disc disease with history of prior T10 compression fracture. Further recent clinical documentation of physical exam findings is not noted. Recent conservative measures include medication management, activity modifications and "nerve block" therapy. As stated, there is a request of present for MRI scans of both the cervical and lumbar spine for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 287, 165.

Decision rationale: Based on California ACOEM Guidelines, MRI of the lumbar spine would not be indicated. Guideline criteria indicates that unequivocal evidence of objective findings on examination that identify specific nerve compromise or sufficient evidence to warrant imaging in patients who do not respond to treatment or who would consider surgery an option. The records in this case indicate chronic complaints of both neck and low back pain with no indication of acute neurologic findings on examination. This in and of itself would fail to necessitate the role of an updated MRI of the lumbar spine at this time. Also based on California ACOEM Guidelines, a cervical MRI would not be supported. As in the setting of the lumbar request, there is no indication of unequivocal objective findings on examination that would necessitate the acute need of a cervical MRI in this claimant's chronic course of care. Guideline criteria in regards to MR imaging states that it is indicated if there is physiological evidence of tissue insult or neurologic dysfunction, active failure to progress in a strengthening program intended to avoid surgery. The absence of these documented findings as stated would fail to necessitate MRI scanning.