

Case Number:	CM13-0027262		
Date Assigned:	03/03/2014	Date of Injury:	04/19/2012
Decision Date:	06/02/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/17/2013

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 Physical Medicine and Rehabilitation, 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:

The patient is a 46 year old male who was injured on 04/19/2012 while he was slowing down his vehicle another vehicle rear-ended his vehicle. Prior treatment history has included 4 physical therapy sessions. The patient underwent a cervical arthroplasty and radical anterior discectomy of C5-6 on 03/08/2013. Progress note dated 06/17/2013 documented the patient with complaints of low back pain with numbness to both feet and right foot pain. He also described having developed a left inguinal hernia and experiencing stress, anxiety and depression and sleep difficulties. Diagnoses: Lumbar radiculopathy, Lumbar back pain, Cervical radiculopathy. Note: No recent progress reports were submitted in the records for review. Physical therapy report dated 06/06/2013 documents the patient with low back pain and neck pain with stiffness, spasm, tenderness, tightness and weakness. He rates his pain at a 6/10. Aggravating factors are bending, climbing, lifting, pulling, and pushing. Reaching out, reaching up, repetitive movement, standing for long periods of time, stooping and walking. His prognosis is that he is improving slower than expected. Objective findings on exam reveal cervical manual muscle tests 3/6 in all groups. Range of motion of the cervical spine is decreased. Foraminal compression test is positive. Range of motion of the lumbar spine is decreased with manual muscle tests 3+/5. Crossover straight leg raise is positive, straight leg raise positive on left and right. Impression: Spinal stenosis in cervical region, brachial neuritis or radiculitis, Cervicalgia

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRI's

Decision rationale: According to the Low Back Complaints ACOEM Practice Guidelines, MRI of lumbar spine is recommended for cases considered for surgical intervention or red-flag diagnoses are being evaluated. According to the ODG, MRI for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. The medical records document the patient diagnosed with lumbar radiculopathy, lumbar back pain and cervical radiculopathy. The absence of documented failure of conservative treatment trial, and there is no recent PR documents any red flags that indicate the medical necessity of MRI study. Therefore, the request is not medically necessary according to the guidelines.