

Case Number:	CM13-0028537		
Date Assigned:	11/27/2013	Date of Injury:	03/19/2010
Decision Date:	04/01/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 68-year-old female who reported an injury on 03/19/2010. The mechanism of injury was not specifically stated. The patient is currently diagnosed with chronic low back pain, bilateral lumbar radiculopathy, neurogenic bladder, sexual dysfunction, cervical instability, and lumbar instability with grade 2 spondylolisthesis. The patient was seen by [REDACTED] on 08/12/2013. The patient reported worsening neck pain as well as constant low back pain with right lower extremity weakness. Physical examination revealed tenderness to palpation, 5/5 motor strength in bilateral upper and lower extremities, and a normal gait. The treatment recommendations included an MRI (magnetic resonance imaging) of the cervical and lumbar spine.

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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause, including MRI (magnetic resonance imaging) for neural or other soft tissue abnormality. As per the documentation submitted for review, the patient's physical examination revealed 5/5 motor strength in bilateral upper and lower extremities, with only tenderness to palpation of the cervical and lumbar spine. There was no evidence of a neurological deficit or a significant musculoskeletal abnormality. Therefore, the medical necessity for the requested procedure has not been established. Additionally noted, there is no evidence of an exhaustion of conservative treatment, nor evidence of plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is noncertified.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause, including MRI (magnetic resonance imaging) for neural or other soft tissue abnormality. As per the documentation submitted for review, the patient's physical examination revealed 5/5 motor strength in bilateral upper and lower extremities, with only tenderness to palpation of the cervical and lumbar spine. There was no evidence of a neurological deficit or a significant musculoskeletal abnormality. Therefore, the medical necessity for the requested procedure has not been established. Additionally noted, there is no evidence of an exhaustion of conservative treatment, nor evidence of plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is noncertified.