

Case Number:	CM13-0033988		
Date Assigned:	12/06/2013	Date of Injury:	01/19/2010
Decision Date:	02/12/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 patient is a 33-year-old female who reported a work-related injury on 01/19/2010 as the result of a fall. The clinical note dated 08/15/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient's course of treatment since the date of injury, which revealed the patient had undergone 4 to 6 MRIs and numerous amounts of x-rays of the head, neck, and back. The provider documents the patient had completed aquatic therapy, physical therapy, as well as acupuncture. Upon physical exam of the patient's cervical spine, the provider documented near full range of motion throughout and 5/5 motor strength throughout the bilateral upper extremities. Lumbar spine range of motion was decreased with 35 degrees flexion, 10 degrees extension, and 15 degrees bilateral lateral bend. The patient had bilateral positive straight leg raise and 5/5 motor strength noted throughout. The provider recommended multiple interventions for the patient to include hot cold unit for the cervical and lumbar spine, medication management, a TENS unit, MRI of the cervical spine, as well as, lumbar spine, and multiple medications.

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): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that since status post her work-related fall with injury sustained in 2010, the patient has undergone multiple imaging studies of the head, cervical spine, and lumbar spine. However, the requesting provider, [REDACTED], is recommending again MRI of the cervical spine and lumbar spine. Official reports of these imaging studies were not submitted for review. In addition, the patient presented with no objective evidence of motor, neurological, or sensory deficits to support the requested imaging study. The California MTUS/ACOEM indicates when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given the above, the request for MRI of the cervical spine is neither medically necessary nor appropriate.

MRI of lumbar 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 12 Low Back Complaints Page(s): 303.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports that since status post her work-related fall with injury sustained in 2010, the patient has undergone multiple imaging studies of the head, cervical spine, and lumbar spine. However, the requesting provider, [REDACTED], is recommending again MRI of the cervical spine and lumbar spine. Official reports of these imaging studies were not submitted for review. In addition, the patient presented with no objective evidence of motor, neurological, or sensory deficits to support the requested imaging study. The California MTUS/ACOEM indicates when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given the above, the request for MRI of the lumbar spine is neither medically necessary nor appropriate.