

Case Number:	CM13-0034662		
Date Assigned:	06/06/2014	Date of Injury:	03/24/2013
Decision Date:	07/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/15/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 42-year-old female who sustained a back and neck injury, as well as a wrist laceration, on March 24, 2013. She was decorating tables as she stepped backward into an open hatch falling 6 feet off a large boat landing on her back. She has complaints of both neck and back pain that have worsened since her initial injury. She complains of constant aching, "tense" pain in the bilateral paracervical muscles that extend to the left scapulae and trapezius. She denies any pain in the upper arms. The pain is between 3-7/10 from worse to best in pain intensity based upon the 0 to 10 pain scale. Additionally, she complains of constant aching pain over the lower sacral region bilaterally with extension laterally to the gluteal region. She reports numbness in the same area, but denies numbness or tingling in the legs. The pain is between 3-7/10 from worse to best in pain intensity based upon the 0 to 10 pain scale. On exam, cervical spine has slight reduction in extension, has no identifiable tenderness of the upper quarter musculature and she was free of spasticity of the posterior upper quarter musculature. Regarding her lumbo-sacral pain, it is 3-8/10 in intensity with a complaint of numbing, shooting pain that sometimes feels like needles that occasionally radiates to the tailbone and left buttock. She is neurologically free of deficits in sensory and motor control. She is found to have observable lumbar range of motion reduction, a strength deficit of the right gluteal musculature. In question is the obtainment of a Lumbar MRI (magnetic resonance imaging).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBOSACRAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf.

Decision rationale: According to the American College of Radiology (ACR), the criteria: "MRI (magnetic resonance imaging) allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. Compared to a computed tomography (CT) scan, an MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord." In this case, with the patient's complaint of radicular symptoms to the left buttocks and identified neurological deficits on strength testing, an imaging study is best suited for visualizing the neurological structures of the spinal cord and spinal nerves. The request is in accordance with ACR criteria, therefore, is certified.