

Case Number:	CM13-0035802		
Date Assigned:	12/13/2013	Date of Injury:	02/07/1997
Decision Date:	04/07/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 Arizona. He/she has been in active clinical practice for more than five years and is currently working least at 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:

This is a 68-year-old female who had an industrial injury on February 7, 1997. She is being evaluated for moderate pain in her neck as well as severe low back pain with radiating pain from her low back region. Therapy is not helping but the type of therapy is not mentioned. Physical findings include palpable tenderness in the cervical and lumbar spine associated with muscle spasm and decreasing range of motion. No neurological examination is documented. There is no documentation of the patient's condition, or therapy or her progress since her spine injury in 1997 until 2013. The diagnosis is cervical strain and sprain with C4-C5 and C6-C7 disc bulges, lumbar spine strain with a disc bulge at L5-S1, headache, depression, gastro-esophageal reflux and gastritis. Request is made for a sitting or standing MRI of the cervical spine and lumbar spine as well as a prescription for levothyroxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI STAND UP OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MRI is indicated in the evaluation of cervical spine pain if there is the emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program in tendon to avoid surgery, and classification of the anatomy prior to an invasive procedure. There is no documentation that an invasive procedure is anticipated. There is also no documentation that the patient has been on a strengthening program intended to avoid surgery. A neurological exam was not documented on any of the medical records. And there is no evidence that a red flag exists. In addition, the patient had an MRI 10 years ago which showed degenerative disc disease and her condition does not appear to have changed since that time. Repeat MRIs are not routinely recommended unless there has been a change in the symptoms. Therefore, medical necessity for a MRI of the cervical spine has not been established.

MRI STAND UP OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: They guidelines recommend a magnetic resonance scan if there is an unequivocal objective finding that identify specific nerve compromise on a neurological examination in patients that do not respond to treatment or in whom surgery is considered. In this case, surgery is not anticipated and there is no documented neurological examination in any of the medical records. Therefore, medical necessity of a repeat MRI scan of the lumbar spine has not been established.

1 PRESCRIPTION OF LEVOTHYROXIN 12.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: There is no documentation in the medical record why levothyroxine is being ordered. If it is for chronic pain, there is no medical evidence to support its use. If it is for thyroid disease, there is no documentation that the patient has hypothyroidism. In addition, there is no documentation on how levothyroxin is related to this patient's industrial injury. Therefore the medical necessity of levothyroxin has not been established.