

Case Number:	CM13-0044875		
Date Assigned:	12/27/2013	Date of Injury:	12/20/2012
Decision Date:	03/12/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 56 year old male with a date of injury of 12/20/12. The mechanism of injury was related to an auto accident. A progress report included dated 10/07/13, identified subjective complaints of moderate neck pain associated with numbness of the right hand and severe low back pain with radiation into both legs. Objective findings included tenderness of the left trapezius and decreased range-of-motion. Motor and sensory function was normal. There was tenderness of the lumbar spine as well as decreased range-of-motion. Motor and sensory function was normal. Results of any plain films are not mentioned. Diagnoses include cervical and lumbar strain. Treatment has included physical therapy and oral medications. Because the patient's symptoms have not improved, an MRI is requested. A Utilization Review determination was rendered on 10/23/13 recommending non-certification of an MRI 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, Chapter 12 Low Back Complaints Page(s): 177-178, 287,303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, MRI.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that for cervical nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. The criteria for ordering special studies such as an MRI are listed as: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. Additionally, recent evidence indicates cervical disc annular tears may be missed on MRIs as well as a 30% false-positive rate in patients without symptoms and under the age of 30. In this case, there is no indication in the record of any of the above abnormalities or red flags, neurological deficits or other indications for an MRI and therefore no documented medical necessity for an MRI of the cervical spine.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178,287,303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are not unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.