

Case Number:	CM13-0047820		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2013
Decision Date:	05/22/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 55-year-old female who injured her neck and low back in a work-related accident on July 29, 2013. The clinical records available for review include a recent progress report dated January 7, 2014, which indicates ongoing complaints of low back pain and neck complaints. In the report, the claimant describes dysesthesias to the lower extremities. The physical examination showed equal and symmetrical deep tendon reflexes of the upper and lower extremities, equal and symmetrical sensory examination, no documented deficit to the upper or lower extremities, and no weakness to the upper or lower extremities. Normal posture with restricted lumbar and cervical range of motion was noted. The claimant was diagnosed with both cervical and lumbar radiculopathy. The only previous imaging studies available for review are plain film radiographs of the lumbar spine; these indicate degenerative changes at L5-S1 dated 9/30/13. The treating physician recommended continuation of medication management and MRI scans of the cervical and lumbar spine. The request addressed in this review is for MRI scans 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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: California ACOEM Guidelines do not support the role of an MRI of the cervical spine. In this case, there are no radicular or neurologic findings. While the claimant continues to report subjective complaints, the absence of documented motor, sensory and reflexive changes to the upper extremities would not support the medical necessity for MR imaging.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to California ACOEM Guidelines, MRI of the lumbar spine would not be indicated. As with the request for cervical spine MRI, there were no documented focal motor, sensory or reflexive changes that would necessitate acute imaging. Request is not medically necessary.