MAXIMUS Federal Services

Case Number:	CM13-0049987		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2009
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 50-year-old male who reported an injury on 09/10/2009. The patient was reportedly injured when he was unloading boxes from a clamp fork when the clamp fork hit him in the back of the head, middle of the back, and lower back. The clamp fork shoved him forward into a stacked set of pallets whereupon he hit his chest, ribs, and right knee. The patient began to feel pain from his neck traveling up to his head causing severe headaches and 6 months later the patient was beginning to have trouble sleeping because of the severe pain. Unofficial x-rays were obtained in [redacted], whereupon the patient was told that he would recovery from his injuries although the results were not given from the x-rays. The patient continued to have pain in the cervical spine that worsened, whereupon he notified his employer of the continued pain on several occasions. On 07/25/2013, the patient was sent back to an industrial clinic in [redacted] where x-rays were taken of his cervical spine and he was also recommended to have an MRI. The patient was seen on 08/28/2013 with complaints of pain in the cervical spine, headaches, lumbar spine pain, left rib pain, sleep disorder, and thoracic spine pain. The patient has been given different treatment options to include muscle relaxers, pain medication, and anti-inflammatory medication. He was also placed on temporary total disability and physical therapy was recommended; however, the patient did not complete the exercises due to severe pain. He was reportedly told by his doctor to discontinue therapy until he could have surgery. The patient had been seen from 01/25/2013 until 08/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) 3D MRI of the Lumbar Spine without Contrast: 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: According to California MTUS/ACOEM, 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 an option. In the case of this patient, although it states that he had been unable to complete his physical therapy due to the severe pain, much of the documentation prior to the date of the MRI was mostly focused on the patient's cervical region. From at least 07/30/2013 through 08/08/2013, the patient had no complaints of lumbar spine pain. The documentation dated 08/28/2013 noted that the patient had an increase in lumbar spine to include clinical findings of radiculopathy with a positive bilateral Kemp's test, a positive bilateral straight leg raise test, and a positive bilateral Braggard's test. However, without having prior conservative treatment documented showing the patient had tried and failed conservative modalities prior to requesting an MRI, the requested service does not meet guideline criteria for an MRI of the lumbar spine without contrast.

(1) 3D MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to California MTUS/ACOEM it states that criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. Guidelines further state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In the case of this patient, prior to having this MRI, there was no indication the patient would be undergoing any invasive procedure nor had he completed any form of conservative therapy to help alleviate his discomfort and improve his functional ability. Furthermore, for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. In the case of this patient, the documentation lacks sufficient information pertaining to previous conservative modalities prior to the requested service. As such, the requested service does not meet guideline criteria for an MRI of the cervical spine and is non-certified.