

Case Number:	CM13-0053937		
Date Assigned:	06/06/2014	Date of Injury:	07/09/2013
Decision Date:	07/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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:

This is a 40-year-old female patient who sustained a work related injury on 7/9/13 while attempting to try and stop a filing cabinet from falling. As a result, she sustained injuries to her head, right shoulder, and wrist, neck and low back. On her PR-2s dated January 24th, March 7th and March 28th of 2014, she continues to complain of neck, back and right upper extremity pain and that her symptoms continue to bother her. It affects her on a daily basis and affects her activities of daily living. Her neck pain is at 9/10, shoulder pain is at 7/10, and back pain is at 9/10. Her pain medications include Tizanidine, Diclofenac, and Hydrocodone, and the patient states that these are helping, although she has difficulty functioning and getting up in the morning while on these medications. Examination reveals spasticity of her cervical spine on the right with appreciable decreased right sided cervical range of motion, predominately in flexion, extension and side bending. Neurological examination finds a sensory deficit of the C5 dermatome. On examination of her right shoulder she has tenderness to palpation of the right anterior capsule and the right acromioclavicular joint. Neer's, Hawkins, O'Brian's and impingement signs are all positive. There is appreciable decreased right shoulder range of motion in abduction, adduction, extension, and flexion. There is no documented evaluation of the lumbar spine on the PR-2 dated above. However, on the PR-2's dated April 4th and May 16th of 2014, there is subjective reporting of aching and burning pain in her back (rated 9/10) with numbness going down her right upper leg (April 4th) and with pins and needles sensation in her right leg (May 16th). There is no documentation of a neither a lumbar spinal examination nor neurological evaluation of the lower extremities. On her PR-2 dated December 20, 2013, she had lumbar paraspinal muscle tenderness, muscle spasm and guarding with a restriction of her lumbar range of motion with ability to flex to 45 degrees and extend to 15 degrees. She has bilateral hamstring tightness with a negative straight leg raise. Her lower extremity reflexes are symmetrical and +2

bilaterally. These same findings are noted on the PR-2 dated November 1st and November 22, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303-304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acr.org/quality-safety/appropriateness-criteria>.

Decision rationale: If physiologic evidence indicates tissue insult or nerve impairment, consider the selection of an imaging test to define a potential cause (MRI for neural or other soft tissue, CT for bony structures). Additionally, the utility of MRI in the evaluation of patients with chronic neck pain and degenerative cervical disorders is now well established; given its lack of ionizing radiation, excellent depiction of bone marrow signal, intervertebral discs, facet arthropathy and spinal stenosis, MRI has supplanted CT as the first line advanced imaging study in patients with chronic neck pain. Furthermore, cervical MRI examinations frequently include the upper thoracic spine, where degenerative changes have been shown to be associated with cervical symptoms. After a thorough review of the provided medical records, there was no record of the patient complaining of lower extremity radicular symptoms until the most recent PR-2 dated March 28, 2014. There was only one entry previous to this of lower extremity weakness, which was in the Primary Treating Physician's Initial Orthopedic Evaluation and Treatment form dated September 13, 2013. Aside from an unspecified entry of numbness/tingling under review of symptoms for the PR-2's dated January 24th, March 7th and March 28th, 2014, from September of 2013 until March 28, 2014, there is not a single area of documentation of subjective findings of radicular symptoms or neurological deficit on any physical examination predating the initial Utilization Review request for the imaging study under question. As such, the request is not medically necessary.