MAXIMUS Federal Services

Case Number:	CM13-0054771		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2008
Decision Date:	03/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old male with a date of injury of 5/8/2008.Patient's complaints since injury include cervical spine pain, low back pain, right shoulder pain, and bilateral wrist pain. Under consideration is a prospective request for an MRI of the cervical and lumbar spine. Diagnoses included cervical disc syndrome with bilateral upper extremity radiculitis, cervical spine sprain/strain, rule out herniated nucleus pulposus, bilateral rotator cuff rupture, bilateral rotator cuff syndrome, bilateral wrist sprain/strain, low back syndrome with bilateral lower extremity radiculitis and lumbar spine herniated nucleus pulposus. An MRI of the cervical spine dated 3/12/13 revealed evidence of multilevel spondylosis. An MRI of the lumbar spine dated 3/12/13 revealed evidence of mild multilevel disc bulging. An EMG/NCS of the upper extremities revealed evidence of very mild left carpal tunnel syndrome, without evidence of cervical radiculopathy or lower extremity abnormalities A 4/16/13 document from the primary treating physician states that he patient has failed with non operative forms of treatment including physical therapy, medications, activity restrictions and epidural injections. He is well versed with home exercise program and he continues to be highly symptomatic therefore he recommended a consultation with a spine surgeon. A 7/16/13 document from the primary treating physician states that the patient presents to with complaints of neck pain rated 7/10 associated with bilateral upper extremity numbness and tingling and right shoulder pain rated 6-7/10; bilateral hand numbness and tingling sensation; and low back pain rated 9/10 associated with bilateral lower extremity numbness and tingling and complaints of dropping objects. The physician is requesting updated imaging studies of the neck, low back, and right shoulder. On physical exam patient has decreased range of motion in flexion and abduction. Impingement signs and empty can signs are positive on the right arm. There is weakness in the shoulder

abductors and flexors on the right. Tinel and Phalen's tests are positive. Lumbar spine range of motion is limited by pain and spasm. He had 4/5 strength in the hip flexors, knee extensors, great toe extensors and foot everters in the BLE.

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): 1477-178.

Decision rationale: The ACOEM guidelines the 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, and clarification of the anatomy prior to an invasive procedure. Patient has had a cervical MRI in March of 2013. There have been no significant objective findings on physical exam since prior cervical MRI that would necessitate an updated cervical MRI. A MRI of the cervical spine is not medically necessary.

MRI 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): 303,308,309.

Decision rationale: Lumbar MRI is not medically necessary. The ACOEM guidelines recommend imaging studies such as an MRI when a "red flag" is strongly suspected and plain film radiographs are negative. The ACOEM also recommends lumbar imaging when a patient has unequivocal objective findings that identify specific nerve compromise on the neurologic examination to patients who are not responding to treatment or who would consider surgery an option. . Patient has had a lumbar MRI in March of 2013. There have been no significant objective findings on physical exam since prior lumbar MRI that would necessitate an updated lumbar MRI. An MRI of the lumbar spine is not medically necessary