

Case Number:	CM13-0059421		
Date Assigned:	03/03/2014	Date of Injury:	11/08/2012
Decision Date:	05/12/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Anesthesiology and Pain 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 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 injured worker is a 69-year-old female who reported an injury on 11/05/2012. The mechanism of injury involved repetitive work activity. The current diagnoses include cervicalgia, advanced cervical spondylosis, lumbar spondylosis, lumbar radiculopathy, and bilateral carpal tunnel syndrome. The injured worker was evaluated on 11/12/2013. The injury reported persistent pain in her neck, bilateral hands, and right lower extremity. Prior conservative treatment includes physical therapy, muscle relaxants, a soft collar, and acupuncture. Physical examination revealed midline tenderness to palpation of the lumbar spine with 5/5 motor strength and intact sensation. The treatment recommendations at that time included a repeat MRI for adequate diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultation the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging study include thoracic or lumbar spine trauma with neurological deficit, uncomplicated low back pain with a suspicion for red flags, uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy and myelopathy. As per the documentation submitted, the injured worker has recently undergone a lumbar MRI. The injured worker also underwent EMG studies of the bilateral lower extremities, which indicated lumbar radiculopathy. The injured worker's current physical examination only revealed midline tenderness to palpation of the lumbar spine. The injured worker demonstrated 5/5 motor strength in bilateral lower extremities, intact sensation and normal deep tendon reflexes. The medical necessity for a repeat imaging study has not been established. While it is noted that the previous MRI was of limited resolution, the imaging study was not provided for review. Based on the clinical information received, the request is non-certified.