MAXIMUS Federal Services

Case Number:	CM13-0062735		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2013
Decision Date:	05/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 57 year old female who was injured on 07/31/2013 while entering the women's restroom, she slipped on some water, fell backwards and landed flat on her back, striking the back of her head against the ground (no loss of consciousness reported). Prior treatment history has included IV pain medication, radiographs, chiropractic therapy and physical therapy. Diagnostic studies reviewed include MRI of the brain performed 10/03/2013 revealed focal hyperintense lesion noted in the left frontal subcortical white matter seen on the FLAIR weighted sequence. This had a nonspecific appearance, for which further evaluation with MRI imaging of the brain with IV contrast is recommended to determine if this focal area enhances on the postcontrast exam. Differential considerations included an area of chronic white matter, smallvessel ischemic change as well as a focal area of gliosis from remote trauma. However, an underlying small tumor will require exclusion. Dedicated MRI imaging of the brain with IV contrast is recommended for further evaluation. There was no intracranial hemorrhage. X-rays of the lumbar spine was unremarkable. The patient's hands obscured upper lumbar spine AP view. PR-2 notes dated 10/30/2013 documented objective findings on exam indicated the patient completed 8/12 authorized physical therapy sessions; she reported decreased mid back pain as result. She was recommended a prescription and MRI of brain without contrasts. She was prescribed Fioricet by [redacted]. She reported no side effects. The written notes of this exam were not legible. Clinic notes dated 11/11/2013 documented the patient to have complaints of constant headache responding to Fioricet only temporarily. The headache is associated with dizziness and blurred vision and occasional nausea; neck pain, left shoulder pain, and numbness along the left arm and weakness. Objective findings on exam included neurological exam revealed the patient was alert and oriented x3. Her blood pressure was 110/80. She seemed to be very depressed, although denied having suicidal or paranoid ideations. She also was irritable. No

abnormalities of cranial nerve functions noticed. Motor system examination still revealed sensitive palpation along the cervical and lumbosacral spine, tenderness of paraspinal muscles in these regions bilaterally. The patient still could not touch the floor by 7 inches while she was trying to bend down with knees straightened. Straight leg symptoms were positive bilaterally at 80 degrees. Sensory and cerebellar examinations were grossly intact. Primary Treating Physician's Supplemental Report dated 12/02/2013 documented the patient to have complaints of neck, trapezial, and left periscapular pain; mid-back pain; low back pain radiating to the bilateral lower extremities; history of closed head injury with headaches; and emotional complains of depression. Objective findings on examination of the cervical spine revealed a slightly forward head carriage. She had tenderness with spasm and muscle guarding was noted over the bilateral paraspinal musculature. Axial compression test elicited pain. Range of motion was limited in all planes. Examination of the thoracic spine revealed a well-maintained thoracic kyphotic curvature. Tenderness with spasm and muscle guarding was present over the bilateral paraspinal musculature. Examination of the lumbar spine revealed a slight decrease in the normal lumbar curvature. There was tenderness with slight spasm and muscle guarding over the paraspinal musculature and sacroiliac joints bilaterally; Straight leg raising test elicited radiating pain to the bilateral gluteal musculature. Sacroiliac stress test was positive bilaterally; range of motion was limited in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI L/S: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to the CA MTUS, ACOEM, Special Studies and Diagnostic and Treatment Considerations: "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". The records do not establish that the patient has failed to respond to non-invasive measures, or conservative care. The medical reports do not document any red flag findings. There is no indication of a progressive neurological deficit. The examination performed on 12/02/13 of the lumbar spine did not document findings indicative of neurological deficit, such as diminished or absent deep tendon reflexes, dermatomal sensation, or motor strength involving the lower extremities. Therefore, the medical necessity of the request for MRI of the lumbar spine is not established. MRI lumbar spine is non-certified.