

Case Number:	CM13-0063115		
Date Assigned:	12/30/2013	Date of Injury:	07/07/2013
Decision Date:	05/12/2014	UR Denial Date:	11/20/2013
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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 56-year-old female who reported an injury on 07/07/2013. Her treating diagnoses at that time were listed as cervical and lumbar discopathy with segmental instability, carpal tunnel syndrome with double crush syndrome, and also to rule out de Quervain's syndrome. The injured worker was most recently seen on 12/20/2013 for persistent pain in the neck that radiates to the upper extremities with numbness and tingling, as well as bilateral hand pain. The injured worker also complained of low back pain that radiates to the left lower extremity with numbness and tingling. Examination noted the injured worker had tenderness of the cervical paravertebral muscles and upper trapezial muscles with spasms. She also had axial loading, compression test, and Spurling's maneuver which were both positive, as well as painful and restricted cervical range of motion, and dysesthesia at the C6 and C7 dermatomes on the left. The injured worker also had tenderness from the mid to distal lumbar segments, with pain at terminal motion. The seated nerve root test was positive, with dysesthesia at the L5 and S1 dermatomes.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to California MTUS at ACOEM, MRIs are recommended for acute neck and upper back conditions with red flags for fracture, neurological deficit associated with acute trauma, tumor, or infection is suspected. It further states that MRIs are recommended for diagnosing nerve root compromise, if it is based on a clear history and physical examination findings, as well as in preparation for invasive procedures. However, with the injured worker's ongoing complaints of cervical spine pain, and with dysesthesias noted at the C6 and C7 dermatomes, an MRI of the cervical spine would be considered appropriate in helping to determine the cause of the injured worker's pain and neurological deficits. As such, the requested service is certified.

MRI OF THE LUMBAR SPINE: 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): 309.

Decision rationale: Regarding the request for an MRI of the lumbar spine, according to California MTUS at ACOEM, MRI imaging is recommended for patients when there is a suspected issue with cauda equina, tumor, sign of infection, or a fracture which is strongly suspected, and plain film radiographs have been negative. It is also the best choice for patients who have undergone a prior back surgery, but is not recommended for 1 month, in the absence of red flags. In the case of this injured worker, she has had ongoing complaints of lumbar spine pain. However, prior to requesting an MRI, the injured worker must first undergo plain film x-rays, per California MTUS at ACOEM. As such, the requested service cannot be supported and is non-certified.

CONSULTATION WITH PAIN MANAGEMENT FOR MEDICATION CONTROL AND POSSIBLE LUMBAR EPIDURAL STEROID INJECTION (LESI) AND CERVICAL EPIDURAL STEROID INJECTION (CESI): Overturned

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): 163.

Decision rationale: According to California MTUS at ACOEM, under the Independent Medical Examinations and Consultations, it states that consultations are intended to aide in assessing a patient's diagnosis, their prognosis, and therapeutic management, to determine medical stability and permanent residual loss and/or an examinee's fitness for return to work. It usually is requested to act in an advisory capacity, but may also take full responsibility for investigating

and/or treating a patient within the doctor/patient relationship. With the injured worker's ongoing complaints of cervical and lumbar pain, a consultation with pain management would be considered medically appropriate and is certified.