

Case Number:	CM14-0001393		
Date Assigned:	01/22/2014	Date of Injury:	10/10/2013
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/03/2014

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 54-year-old female who has submitted a claim for cervical, thoracic, and lumbar spine strain; cervical and lumbar radiculopathy; and degenerative joint disease of the lumbar and cervical spines with protrusions, associated with an industrial injury date of October 10, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient continued with self-treatment without improvement. On physical examination, gait was non-antalgic. Cervical spine examination revealed tenderness of the paravertebral and trapezius muscles. Range of motion was limited with increased pain with extension. Spurling, Adson, and Wright maneuvers were negative. There was decreased sensation of bilateral upper extremities in the C6 distribution. Lumbar spine examination revealed tenderness of the paravertebrals with decreased range of motion. Straight leg raising and rectus femoris stretch sign were negative. There was patchy decreased sensation in bilateral lower extremities, most notably in the L5 distribution. MRI of the lumbar spine, dated December 30, 2013, revealed degenerative changes with protrusions at L3-S1. MRI of the cervical spine, dated December 14, 2013, revealed degenerative changes with protrusions C4-C7 and T1. The treatment to date has included medications and physical therapy. The utilization review from December 13, 2013 denied the request for cervical spine MRI and lumbar spine MRI. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE MRI: Overturned

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): 179-180.

Decision rationale: According to pages 179-180 of the ACOEM Practice Guidelines referenced by California MTUS, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, the medical records revealed that there was decreased sensation of the bilateral upper extremities in the C6 distribution; thus, there is evidence of neurologic dysfunction. Therefore, the request for cervical spine MRI is medically necessary.

LUMBAR SPINE MRI: Overturned

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): 303-304.

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines referenced by California MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, the medical records revealed that there was patchy decreased sensation in the bilateral lower extremities, most notably in the L5 distribution; thus, there is evidence of specific nerve compromise. Therefore, the request for lumbar spine MRI is medically necessary.