

Case Number:	CM14-0101645		
Date Assigned:	09/16/2014	Date of Injury:	04/10/2011
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine & Rehabilitation 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 70-year-old male, who has submitted a claim for cervical pain/radiculopathy/sprain; lumbar pain/radiculopathy/sprain and shoulder pain associated with an industrial injury date of April 10, 2011. Medical records from 2014 were reviewed, which showed that the patient complained intermittent moderate neck pain. There was also moderate low back pain rated 7.5-8 radiating to the calves bilaterally. Physical examination of the cervical spine revealed tenderness on the paracervical musculature with muscle spasms noted. Range of motion (ROM) was restricted due to pain. There was decreased sensation of the bilateral C4/C5 dermatomes. Positive cervical spine compression was also noted. Examination of the lumbar spine showed tenderness about the paravertebral musculature. There was positive straight leg raise bilaterally at 70 degrees. Muscle spasms were noted. ROM was restricted due to pain. MRI of the cervical spine without contrast done on Jan 29, 2014 showed straightened cervical lordosis with degenerative change of the cervical spine superimposed on a background of congenital canal narrowing. Mild canal stenosis at C3-C4 through C6-C7; neural foraminal narrowing C3-C4 through C6-C7: moderate to severe bilaterally at C6-C7. Treatment to date has included medications and physical therapy. Utilization review from June 18, 2014 denied the request for 1 MRI of the Lumbar Spine because neurologic findings suggest the nerve root dysfunction; however, it was unclear if findings were chronic or new-onset.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMPENSATION, ONLINE EDITION CHAPTER: LOW BACK- LUMBAR & THORACIC MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: As stated on pages 303-304 of CA MTUS American College of Occupational and Environmental Medicine (ACOEM) it supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In this case, MRI was requested in order establish the cause of the low back pain of the patient. Patient complained of back pain radiating to calves bilaterally. Physical exam of the lumbar spine showed spasm, tenderness, and restricted motion. Straight leg raise test was positive bilaterally. Sensation was diminished at L2-L3 dermatomes. However, there was no complete neurologic examination available to document nerve compromise. There was no worsening of subjective complaints or objective findings that may warrant further investigation by utilizing MRI. There was likewise no plan for lumbar surgery. Guideline criteria were not met due to insufficient documentation. Therefore, the request for 1 MRI of the lumbar spine is not medically necessary.