

Case Number:	CM14-0015027		
Date Assigned:	02/28/2014	Date of Injury:	03/20/2001
Decision Date:	07/08/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 46 year old female who reported an injury on 03/20/2011. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 12/17/2013, it was noted the injured worker requested an MRI scan of the lumbar spine, cervical spine, sacrum, and coccyx for the consultation on 01/04/2014 for the consideration of radiofrequency neurotomy. The injured worker had previously undergone the procedure over 2 years ago. She reported doing slightly better. On physical exam, the provider noted the injured worker had forward flexion in the standing position of 40 degrees. The provider noted straight leg raise in the seated position are full and in the supine position are 30 degrees on the right side and 45 on the left with mildly positive Lasgue's test on the right. Her deep tendon reflexes were 2+ and equal. The provider noted moderate paraspinal muscle spasms with 15% restriction noted at the cervical spine. The provider noted her sensation to pinprick was intact in the upper extremity. The injured worker has diagnoses of disc bulges at L3-4, L4-5, and L5-S1, right L5 sciatica to the left of the right knee, history of cervical spondylosis with apparent disc bulge and chronic cervicothoracic strain, and moderate cervical spondylosis from C4 through C7 with mild bony encroachment at C4-7 neural foramina. The provider requested scheduling of an MRI of the cervical spine, lumbar spine, sacrum, and coccyx for the consideration of a radiofrequency neurotomy. The request for authorization was submitted and dated 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBOSACRAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines recommend imaging studies of the lumbar spine with unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in the patient who did not respond to treatment and would consider surgery an option. There was a lack of clinical documentation submitted indicating the injured worker had nerve compromise on the neurological exam. There was a lack of documentation indicating the injured worker had positive neurological exam findings consistent with nerve compromise such as weakness, numbness, pain, or paralysis. Therefore, the request for an MRI of the lumbosacral spine is not medically necessary.

MRI OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines notes imaging studies are not needed unless a 3 or 4 weeks' period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag considerations are ruled out. The ACOEM Guidelines recommend for ordering imaging studies, the documentation of emergence of a red flag, psychological evidence or tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The ACOEM Guidelines note unequivocal findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persistent. There was a lack of neurological deficits pertaining to the cervical spine in the documentation submitted to support the necessity of the MRI at this time. There was a lack of documentation indicating the injured worker had failed on a 4-week period of conservative care. Therefore, the request is not medically necessary and appropriate.

MRI OF SACRUM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382-383, and the ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines recommend imaging studies of the lumbar spine with unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in the patient who did not respond to treatment and would consider surgery an option. There is a lack of clinical documentation submitted indicating the injured worker had nerve compromise on the neurological exam. There is a lack of documentation indicating the injured worker has positive neurological exam findings consistent with nerve compromise such as weakness, numbness, pain, or paralysis. Therefore, the request for MRI of the sacrum is not medically necessary and appropriate.

MRI OF THE COCCYX: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382-383, and the ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines recommend imaging studies of the lumbar spine with unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in the patient who did not respond to treatment and would consider surgery an option. There is a lack of clinical documentation submitted indicating the injured worker had nerve compromise on the neurological exam. There is a lack of documentation indicating the injured worker has positive neurological exam findings consistent with nerve compromise such as weakness, numbness, pain, or paralysis. Therefore, the request for an MRI of the coccyx is not medically necessary and appropriate.