

Case Number:	CM14-0015640		
Date Assigned:	03/03/2014	Date of Injury:	02/17/2012
Decision Date:	07/25/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old male who has submitted a claim for cervical sprain and myofascial pain syndrome associated with an industrial injury date of February 17, 2012. The medical records from 2013 were reviewed. The patient complained of cervical and lumbosacral pain with numbness of both hands. The physical examination showed decreased cervical and lumbar spine range of motion, decreased sensation to bilateral hands and feet, positive shoulder impingement sign, a negative straight leg raise (SLR) test, and muscle spasm on the right quadriceps. The treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, home exercise programs, physical therapy, and trigger point injections. A utilization review from January 29, 2014 denied the requests for MRI of the lumbar and cervical spine per report dated 01/22/2014 because there was no documentation of objective neurologic findings or specific functional limitations suggestive of significant cervical or lumbar nerve root or cord pathology that would require further evaluation with an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE PER REPORT DATED 01/22/2014
MRI OF THE CERVICAL SPINE PER REPORT DATED 01/22/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6. Decision based on Non-MTUS Citation Non-MTUS

Official Disability Guidelines (ODG), Neck & Upper Back and Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180, 303-304.

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines referenced by California MTUS, supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In addition, 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 patient complained of cervical and lumbar spine pain. The physical examination findings showed decreased sensation to both hands and negative SLR test bilaterally. There were no objective findings of specific nerve root compromise in the cervical or lumbar region. In addition, there were no reports of red flag conditions and planned surgical intervention in this case. Therefore the request for MRI of the lumbar spine and the MRI of the cervical spine are not medically necessary.