

Case Number:	CM14-0016210		
Date Assigned:	04/14/2014	Date of Injury:	03/05/2013
Decision Date:	05/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient sustained an injury on 3/5/13 while employed by [REDACTED]. Requests under consideration include MRI of lumbar spine and MRI of cervical spine. Diagnoses include lumbosacral intervertebral degenerative disc; cervical intervertebral degenerative disc and displacement without myelopathy. Report of 1/20/14 from the provider noted patient with complaints of neck and back pain rated at 2/10 with mild stiffness and mild tightness, but noted her wrist and knee are feeling significantly better. The patient had physical therapy treatment. No clinical exam was documented. Treatment plan included MRIs of the lumbar and cervical spine. Requests for MRIs of the lumbar and cervical spine were non-certified on 2/3/14 citing guidelines criteria and lack of medical necessity. Report of 2/21/14 noted the patient indicated her neck and back are feeling better; MRIs have been denied; at this time her left knee is the most painful body part; prior MRI of the knee showed a full-thickness defect of the trochlea, lateral patella tilt and joint effusion. Exam documented knee findings with plan of left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF 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): 303-304.

Decision rationale: MTUS/ACOEM Treatment Guidelines for the lower back disorders, under special studies and diagnostic and treatment considerations, states criteria for ordering imaging studies include emergence of a red flag; 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. The patient has noted pain level of 2/10 scale without noted medication use nor is there any neurological deficits or clinical exam findings to support for the study. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The request for a MRI for the Lumbar Spine is not medically necessary and appropriate.

MRI OF CERVICAL SPINE: Upheld

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): 171-171,177-179.

Decision rationale: According to the MTUS/ACOEM Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated in this case. Clinical report does not demonstrate such criteria and without clear specific evidence, the request cannot be support. The request for a MRI of the cervical spine is not medically necessary and appropriate.