

Case Number:	CM14-0113315		
Date Assigned:	08/01/2014	Date of Injury:	06/18/1989
Decision Date:	10/02/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 injured worker is a 51-year-old female who reported an injury on 06/18/1989. The mechanism of injury was slip and fall. The diagnoses included L4-5 posterior fusion, possible nonunion at L3-4, spondylosis and stenosis at L2-3 and L3-4, C5-7 spondylosis, C5-6 disk protrusion, postlaminectomy syndrome and radiculopathy. Treatments included medication, surgery, and injections. The diagnostic testing included MRI of the lumbar spine and thoracic spine. Within the clinical note dated 12/20/2013 it was reported the injured worker complained of hand numbness and pins and needle sensation. She complained of severe cervical spine pain. The injured worker reported right sided headaches, throbbing, aching, and squeezing, recurring several times per week, becoming more prominent over the last year. Upon the physical examination the provider noted the injured worker had lumbar spine flexion at 40 degrees, extension at 0 degrees. The provider noted the injured worker had weakness in the paravertebral muscles of the lower lumbar spine. The provider noted the injured worker had decreased sensation in left L5 dermatome distribution and right S1 and L5 dermatome distribution. The right knee reflex was absent, left knee reflex was +1 to 2. The injured worker had a positive Hoffman's on the right, negative on the left. The provider noted the injured worker had numbness and tingling in her hand and increasing in her neck. The provider requested a thoracic MRI and an MRI of the cervical spine to determine if there is cervical cord compression. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back Chapter

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

Decision rationale: The request for a Cervical MRI is not medically necessary. California MTUS/ACOEM Guidelines note the criteria for ordering imaging studies include emergence of red flag, physiological evidence of 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 guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red flag conditions are ruled out. There is lack of documentation in the clinical records submitted indicating the injured worker had tried and failed on conservative treatment. There is no indication of red flag diagnoses or the intent to undergo surgery requiring an MRI. The provider failed to document an adequate and complete physical examination of the cervical spine. Therefore, the request is not medically necessary.

Thoracic MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back Chapter

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

Decision rationale: The request for a Thoracic MRI is not medically necessary. California MTUS/ACOEM Guidelines state that clinical objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false by positive finding, such as disc bulges that are not the source of painful symptoms and would not warrant surgery. Imaging studies should be reserved for cases in which surgeries considered a red flag diagnosis has been evaluated. There is lack of documentation indicating the injured worker has tried and failed on conservative treatment. In addition there is lack of documentation of the intent to undergo surgery or any indications of red flag diagnoses. Therefore, the request is not medically necessary.

