

Case Number:	CM14-0117322		
Date Assigned:	08/06/2014	Date of Injury:	03/24/2013
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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 Emergency Medicine 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:

A patient with reported date of injury on 3/24/2013, mechanism of injury is claimed to be due to slipping on a wet floor, falling onto head and low back. Patient has a diagnosis of cervical sprain, lumbar sprain and thoraco-lumbar radiculitis. Psychiatric report also states that patient has anxiety and depression. Medical records reviewed. Reports are available until 7/9/14. The original request currently being reviewed was first noted on a report on 2/21/14 by chiropractor. Many of the more recent complains from March through April 2014 is related to shoulder and elbow complaints. There is also a series of reports by orthopedics solely related to R shoulder problem provided for review. These charts were not review since they did not deal with the neck or low back issue currently being reviewed. As per report by primary provider, patient complains of head pain to back of head. Pain is moderated and associated with neck pains. Neck pain is moderate and radiates down upper back and R shoulder to elbow. Pain worsens with maintaining single position or when looking down. Patient also complains of low back pains. Pain is moderate and constant. Worsens with activity or prolonged sitting or standing. Objective exam reveals normal grip, pan-cervical paraspinal tenderness to palpation, Distraction, Spurling, Foraminal compression and Shoulder depressor test is positive bilaterally. Range of motion (ROM) of neck is normal. Patient also has pan-lumbar spine paraspinal tenderness. Negative Patrick-Fabre and toe walk test. Positive iliac compression and Vasalva test. ROM of lumbar spine is normal. The MRIs that were done prior to UR approval were not reviewed since the findings of those MRIs do not retrospectively change the criteria for MRI approval as per MTUS review rules. There were no other imaging or electrodiagnostic reports provided for review. Urine drug screen (4/19/14) was appropriate although there is no medication list provided for review. Not a single medication is mentioned in the chart. Patient is reportedly receiving chiropractic and acupuncture. Independent Medical Review is for MRI of Cervical Spine and MRI of Lumbar

spine with flexion and extension views. MRIs were done on 4/26/14; the review is for retrospective approval. Prior UR on 7/8/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is noted neurologic dysfunction. The requesting provider has failed to document any actual prior therapy program. There is no noted physical therapy or appropriate conservative management of the patient's pain. There is no noted medication that patient is currently on. Therefore, the request for MRI of cervical spine is not medically necessary and appropriate.

MRI of the lumbar spine with flexion/extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, low back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is noted neurologic dysfunction. The requesting provider has failed to document any actual prior therapy program. There is no noted physical therapy or appropriate conservative management of the patient's pain. There is no noted medication that patient is currently on. Therefore, the request for MRI of the lumbar spine with flexion/extension views is not medically necessary and appropriate.