

Case Number:	CM14-0117588		
Date Assigned:	08/13/2014	Date of Injury:	07/22/1981
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
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 Preventive Medicine has a subspecialty in Occupational Medicine 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 was injured on 07/22/1981. The injured worker complains of stabbing neck pain that is localized to the back of his neck, but spreads down his left shoulder; low back pain that spreads down to his feet. The low back pain is associated with numbness in his feet. The physical examination revealed mild limitation in range of motion of the neck, but no sensory loss or motor abnormality in his upper limbs; range of motion in his lower back is limited. The leg raise is negative, and there is normal neurologic examination. He has been diagnosed of Cervical spondylosis and Lumbar spondylosis. The result of an MRI of unspecified body parts he had a year ago was not read in the report submitted for review. He is being treated with Aleve and Physical therapy. In dispute are Cervical MRI, and Lumbar MRI.

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 Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

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

Decision rationale: The case does not meet the requirements recommended by the MTUS for imaging. These are: 1. Emergence of a red flag. 2. Physiologic evidence of tissue insult or neurologic dysfunction. 3. Failure to progress in a strengthening program intended to avoid surgery. 4. Clarification of the anatomy prior to an invasive procedure. The Injured worker is said to have had MRI a year ago, and there is nothing in the reports reviewed that suggest there have been recent changes in the clinical presentation.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: To avoid false positive results, the MTUS recommends against imaging except when there are red flags for Tumor, fracture, infection, nerve damage; or strong suspicion for nerve injury. This injured worker had an MRI a year ago and there is no documentation of any sudden neurological changes since then.