MAXIMUS Federal Services

Case Number:	CM14-0125913		
Date Assigned:	08/11/2014	Date of Injury:	10/02/2013
Decision Date:	09/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 of an unknown age reported an injury on 10/02/2013. The injured worker had a history of neck pain, upper and lower back pain, with stiffness. The diagnoses included post-traumatic myofascial headaches, severe cervical spine myoligamentous sprain/strain syndrome, and severe lumbar spine myoligamentous sprain/strain syndrome. No diagnostic studies were submitted for review. The past treatments included 12 sessions of acupuncture for the lower back, 23 sessions of physical therapy, 6 sessions of chiropractic therapy, and 2 in-office trigger injections to the neck and 3 to the lower back. The objective findings dated 07/30/2014 of the cervical region revealed limited range of motion, no numbness or tingling. The upper extremities, with flexion 40 degrees, extension 50 degrees, with tenderness to the C2-3, bilateral mild spasms palpated at the paraspinal muscles, and bilateral cervical spine 2+ tenderness at the paraspinous muscle tenderness. The examination noted at the lower lumbar spine revealed range of motion with a flexion of 70 degrees, extension of 20 degrees, and lateral bending of 20 degrees with pain. The palpation of the lower extremities revealed 2+ tenderness at the L4-5 and L5-S1, myospasm palpated to the paraspinal muscles, paravertebral trigger points palpated with palpated tenderness with twitch response over the L4-5 and left sacroiliac. The neurological examination revealed a negative Tinel's sign and Phalen's. The medications included Vicodin and Flexeril 10 mg. The treatment plan included return to work, follow-up in 4 weeks, continue medication, and an MRI of the cervical and lumbar spine, as well as x-rays to the lumbar spine. The Request for Authorization dated 08/11/2014 was submitted with the documentation. The rationale for the MRI of the cervical and lumbar spine was needed before the injured worker can be considered permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The request for MRI for the cervical spine is non-certified. The California MTUS/ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are. 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, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. Per the clinical note dated 07/30/2014 the injured worker had showed improvement on assessment. Per the clinical notes range of motion had improved, no numbness or radiating pain to the upper or lower extremities. Motor and sensory examination revealed normal findings. The injured worker was able to return to work with breaks. The documentation was not evident of measure efficacy of the current medication regimen. The request did not specify which level was needed for the MRI. As such, the request is non-certified.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The request for an MRI of the lumbar spine is non-certified. The California MTUS/ACOEM Guidelines indicate that unequivocal objective findings that identify specific

nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause magnetic resonance imaging for neural or other soft tissue, computed tomography. Per the clinical note dated 07/30/2014 the injured worker had showed improvement on assessment. Per the clinical notes range of motion had improved, no numbness or radiating pain to the upper or lower extremities. Motor and sensory examination revealed normal findings. The injured worker was able to return to work with breaks. The documentation was not evident of measure efficacy of the current medication regimen. The request did not specify which region of the lumbar back was to be scanned. As such, the request is non-certified.