

Case Number:	CM14-0137643		
Date Assigned:	09/05/2014	Date of Injury:	03/19/2014
Decision Date:	10/02/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 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 60 year old female who reported an injury on 03/19/2014; the mechanism of injury was not indicated. The injured worker had diagnoses including lumbar radiculopathy and cervical and lumbar sprain/strain. Prior treatment included 8 sessions of acupuncture to the lumbar spine. Diagnostic studies included an MRI of the cervical spine and an x-ray of the cervical spine dated 05/28/2014 which revealed spondylolisthesis at L5-S1 with probable pars defect bilaterally at L5, and moderate disc space narrowing at L5-S1. The surgical history was not provided in the medical records. The injured worker complained of intermittent pins and needles sensation in the low back pain and she rated her pain at 8/10 with radiation to the posterior right lower extremity to the toes. The injured worker rated her pain 9/10 without medications and 6-7/10 with medications. The clinical note dated 07/10/2014 noted the injured worker stated her neck and right shoulder pain was 80% improved after the acupuncture treatments. The injured worker had diffuse pain with palpation, over the cervical and lumbar paraspinal regions on the right greater than the left and no tenderness throughout the thoracic spine. Cervical range motion demonstrated flexion and extension to 40 degrees, right and left lateral bending to 20 degrees, right and left rotation to 60 degrees. The injured worker had a negative Hoffman's sign, Babinski or clonus. Motor strength was 5-/5 to the left deltoid, biceps, internal and external rotation and 4+/5 on the right. There was 5-/5 motor strength on bilateral wrist extensors, wrist flexors, triceps, Interossei, finger flexors, and finger extensors. The injured worker was temporary partially disabled, and on sedentary work only. Medications included Norco, Naproxen and Lidopro. The treatment plan included a request for an MRI of the cervical spine. The rationale for an MRI of the cervical spine request was to examine the injured worker's severe pain complaints and radicular symptoms. The request for authorization was not provided within the medical records.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter (updated 08/04/14)

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

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies in injured workers who do not respond to treatment. The included medical documents failed to show evidence of significant neurological deficits upon physical examination. Additionally, the documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies, as well as neurological deficits upon physical examination, an MRI is not indicated at this time. As such, the request is not medically necessary.