

Case Number:	CM14-0144388		
Date Assigned:	10/15/2014	Date of Injury:	04/01/2013
Decision Date:	11/18/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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 and is licensed to practice in Iowa. 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:

This patient is a 46 year old male employee with date of injury of 4/1/2013. A review of the medical records indicate that the patient is undergoing treatment for cervical sprain with radicular symptoms, lumbar sprain with radicular symptoms, thoracic sprain, right shoulder impingement syndrome, headaches. Subjective complaints include neck pain radiating down to shoulders and legs. Patient also complains of cervical spine pain, bilateral shoulder pain, mid pack pain and low back pain. Patient also reports weakness in arms, upper, mid, low back and neck; swelling in right shoulder. He has completed six PT visits and reports pain that is above a 10/10 on the pain scale regarding lumbar spine pain which radiates to the legs. Objective findings include thoracolumbar spine exam which revealed no tenderness to palpation and no instability for anterior, posterior, or inferior regions. His range of motion of the cervical spine are: flexion, extension, right and left rotation to 45 degrees; right and left lateral bending to 25 degrees. Hoffman's and Babinski's signs were both negative. He has tenderness of the shoulders. He has decreased ROM of the lumbar spine. Treatment has included PT, Relafen use for pain, and Clindamycin and hydrocodone. The utilization review dated 8/6/2014 non-certified the request for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: 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), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Magnetic Resonance Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM are silent specifically regarding repeating MRIs for lumbar spine. ACOEM does recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of significant pathologies to justify the request for MRI lumbar spine at this time. As such, the request for repeat MRI of lumbar spine is not medically necessary.