MAXIMUS Federal Services

Case Number:	CM14-0152868		
Date Assigned:	09/23/2014	Date of Injury:	03/19/2013
Decision Date:	11/21/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/18/2014

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 & 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 a 50-year-old female who reported injury on 03/19/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of hip pain, cervicalgia, disorders of bursae and tendons in shoulder region unspecified and cervical spondylosis without myelopathy. Past medical treatments consist of physical therapy. On 08/28/2014 and MRI of the hip was obtained showing the regional bones and joints were unremarkable; there was no fracture; no soft tissue abnormalities were identified. On 08/28/2014 an MRI of the cervical spine was obtained, which revealed the alignment was within normal limits; there was no abnormal motion with flexion or extension; there was no soft tissue abnormality nor was there any fracture. On 05/12/2014, the injured worker complained of neck pain. It was noted there was no change from last visit. The patient stated that physical therapy was helping. There was pain and tenderness at the lumbar spine. There was also pain and tenderness to palpation on the left shoulder. There were no physical findings of range of motion, motor strength or sensory deficits. The medical treatment plan is for the injured worker to undergo an MRI of the cervical spine, MRI of the left hip, EMG/NCV of the left upper extremity. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C-SPINE: Upheld

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

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

Decision rationale: The request for MRI C-Spine is not medically necessary. CA MTUS/ACOEM Guidelines for MRI state if there is physiologic evidence indicating 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. The guidelines also stipulate that there should be documentation of a failure to progress in a strengthening program intended to avoid surgery, physiologic evidence of tissue insult or neurologic dysfunction, and clarification of the anatomy prior to an invasive procedure. The guidelines stipulate that there should be physiological evidence indicating tissue insult or nerve impairment to consider an MRI. The submitted report lacked any evidence of the above. The submitted documentation lacked any indication to warrant a repeat MRI. On 08/28/2014 an MRI of the cervical spine was obtained. Findings revealed that alignment was within normal limits. There was no soft tissue abnormality nor was there any fracture. The provider failed to submit a rationale to warrant an additional MRI of the cervical spine. The request, as submitted, is unclear. Furthermore, the submitted documentation did not reveal the presence of any neurological deficits. As such, the request is not medically necessary.

MRI LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI Left Hip is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment. However, it is also stated that when a neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included documentation failed to show evidence of significant neurological deficits on physical examination. Additionally, an MRI of the hip was obtained on 08/28/2014, which did not reveal any abnormalities. There were no fractures or soft tissue deficits. Additionally, the provider failed to submit a rationale to warrant the request of an additional MRI. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.