MAXIMUS Federal Services

Case Number:	CM14-0157521		
Date Assigned:	09/30/2014	Date of Injury:	09/04/2008
Decision Date:	10/28/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine and is licensed to practice in New York. 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 patient is a 52 year old male stage technician with a date of injury on 09/04/2008. On 11/13/2012 it was noted that he stopped working in 09/2008 because of his back and that he uses medical marijuana on a regular basis. The job injury was to his back and not neck. He was treated for neck, bilateral knee and back pain. Prior to the requested lumbar MRI the patient had a positive Lasegue sign (low back pain on straight leg raising). Prior to the requested cervical MRI he had a positive Spurling's sign (cervical compression test when the head is turned to one side). On 07/10/2014 his only medication was medical marijuana. He had cervical muscle tenderness with reduced range of motion. Right shoulder impingement sing was present. Upper extremity muscle strength was 5/5 and reflexes were normal. There was lumbar muscle tenderness. Lower extremity muscle strength was 5/5 and reflexes were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: The date of injury was 09/04/2008. There were no red flag signs. The previous reviews noted that EMG/NCS studies were done years ago but the results were not provided for review. This test for radiculopathy is a non-specific physical examination test that may require confirmation with an EMG/NCS. It is not an indication for a MRI but is a possible indication for an EMG/NCS. In the absence of red flag signs MTUS, ACOEM recommends a MRI for patients who do not respond to conservative treatment, who agree to be candidates for surgery and have unequivocal documentation of neurologic compromise? There is no documentation that he is a surgical candidate or that he has neurologic compromise. The motor strength and reflexes were normal. Therefore, 1 MRI of the lumbar spine is not medically necessary.

1 MRI of the cervical spine: 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 AND UPPER BACK

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-189.

Decision rationale: The date of injury was 09/04/2008 and there were no red flag signs. This test for radiculopathy is a non-specific physical examination test that may require confirmation with an EMG/NCS. It is not an indication for a MRI but is a possible indication for an EMG/NCS. In the absence of red flag signs MTUS, ACOEM recommends a MRI for patients who do not respond to conservative treatment, who agree to be candidates for surgery and have unequivocal documentation of neurologic compromise? Previous reviews noted that he had EMG/NCS years ago but there was no documentation of these tests provided for review. There is no documentation that he is a surgical candidate or that he has neurologic compromise. The motor strength and reflexes were normal. Therefore, 1 MRI of the cervical spine is not medically necessary.