

Case Number:	CM14-0173432		
Date Assigned:	10/24/2014	Date of Injury:	04/05/2010
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, back, bilateral shoulder, and groin pain reportedly associated with an industrial injury of April 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier inguinal hernia repair surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for lumbar and cervical MRI imaging. The applicant's attorney subsequently appealed. In a progress note dated September 11, 2014, the applicant reported axial spine, shoulder, and knee pain, chronic, severe, and constant. It was stated that the applicant was overall unchanged but that the applicant's neurosurgeon had recommended MRI studies and injection therapy. The applicant was reportedly on Norco and Neurontin. The applicant was smoking every day. The attending provider complained that the claims administrator had denied several requests for treatment. The applicant was obese, with a BMI of 34. 5/5 upper and lower extremity strengths were appreciated with a normal gait noted. The attending provider stated that he concurred with the neurosurgeon's request to pursue MRI imaging studies of the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, there was no clear statement from the requesting provider that the applicant was considering or contemplating any kind of surgical intervention involving the lumbar spine. Rather, the applicant's well-preserved upper and lower extremity motor function argues against the presence of any focal neurologic compromise about the lumbar spine for which lumbar MRI imaging would have been indicated to further evaluate. Therefore, the request is not medically necessary.

MRI of cervical spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): TABLE 8-8, PAGE 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the attending provider did not clearly state how the proposed imaging study would influence or alter the treatment plan. There was neither an explicit statement nor an implicit expectation that the applicant would act on the results of the cervical MRI imaging in question and/or consider surgical intervention involving the same. Rather, the applicant's well-preserved upper extremity neurologic function argued against the presence of any focal neurological compromise referable to the cervical spine for which cervical MRI imaging would have been indicated. Therefore, the request is not medically necessary.