

Case Number:	CM14-0173901		
Date Assigned:	10/27/2014	Date of Injury:	01/10/2011
Decision Date:	12/04/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 Emergency 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 61-year-old female who was injured on January 10, 2011. The patient continued to experience pain in her neck radiating down upper extremities with paresthesias and pain in lower back radiating down lower extremities with paresthesias. Physical examination was notable for tenderness to cervical and lumbar paraspinals, tenderness to the trapezial muscles, positive bilateral straight leg raise, and intact sensorimotor exam. Prior MRI of the cervical spine reported multi-level degenerative changes with bulging discs. Prior imaging of the lumbosacral spine showed L5-S1 disc protrusion with moderate left-sided stenosis. Diagnoses included cervical sprain/strain, cervical radiculopathy, bilateral carpal tunnel syndrome, lumbar spinal strain, and lumbar radiculopathy. Treatment included medications, physical therapy, acupuncture, shockwave therapy, epidural steroid injections, and home exercise program. Requests for authorization for MRI of the lumbar spine, MRI of the cervical spine, and range of motion testing were submitted for consideration.

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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic, MRI's

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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). In this case there is no documentation to support that there has been any change in the patient's condition or the development of additional neurologic deficits. The patient does not have an indication for lumbar MRI. The request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging, MRI (Magnetic Resonance Imaging)

MAXIMUS 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, Magnetic resonance imaging (MRI)

Decision rationale: Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates 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, computed tomography [CT] for bony structures). Per ODG indications for MRI of the cervical spine are: -Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit 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). In this case there is no documentation to support that there has been any change in the patient's condition or the development of additional neurologic deficits. The patient does not have an indication for repeat cervical MRI. The request is not medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Flexibility; Neck and Upper Back, Flexibility

Decision rationale: Flexibility is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between back range of motion measures and functional ability is weak or nonexistent. Range of motion testing is part of the routine musculoskeletal examination. Medical necessity for separate range of motion testing is not supported in the medical record. The request is not medically necessary.