

Case Number:	CM14-0175055		
Date Assigned:	10/28/2014	Date of Injury:	07/11/2005
Decision Date:	12/04/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

Patient with reported date of injury on 7/11/2005. Mechanism of injury is described as cumulative trauma. Patient with diagnosis of cervical radiculitis, lumbago, and radiculitis. Medical reports reviewed. Last report available until 9/9/14. Patient complains of L upper extremity pains. Pain reportedly worsening. Pain radiates to L arm and fingers. Objective exam reveals cervical tenderness bilaterally with R side worst. Pain rotation to left. Range of motion is decreased. Back exam reveals tenderness over lumbar paraspinal area, range of motion is decreased, straight leg raise positive on R side, pain in L4-S1 distribution on R side. Note from 9/9/14 reports that MRI was requested for increasing R radicular pain. MRI was also to "update" MRI since last MRI was from 7/31/12 to worsening any changes. MRI of lumbar spine(7/31/12) revealed progression of degenerative changes, moderate spinal stenosis at L3-4 with disc bulge bilaterally toward neural foramen, mild disc bulge L4-5 more prominent at L side and minimal disc bulge L5-S1 more prominent of R side. Medications include Lexapro, Xanax, Naproxen, Cyclobenzaprine, Benazepril, HCTZ, Metformin and Escitalopram. Independent Medical Review is for MRI of Lumbar Spine. Prior UR on 10/1/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. There is no documentation failure of progression in therapy program; there is no actual documentation of ongoing home exercise or any physical therapy. Documentation appears to show patient with baseline back pains. MRI of lumbar spine is not medically necessary.