

Case Number:	CM14-0175929		
Date Assigned:	10/29/2014	Date of Injury:	10/03/1996
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 73-year-old female with a 10/3/96 date of injury. At the time (9/22/14) of the request for authorization for MRI cervical spine and MRI lumbar spine, there is documentation of subjective (low back pain and neck pain) and objective (decreased cervical and lumbar range of motion with pain, taut and tender fibers, decreased right biceps reflex, and sensation is decreased in the L3, L4, and L5 dermatomes right leg) findings, current diagnoses (low back pain, lumbosacral pain, pain in joint, neck pain, and mid back pain), and treatment to date (home exercise program). Regarding MRI cervical spine, there is no documentation that plain film radiographs are negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical 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): 179-183.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of

definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbosacral pain, pain in joint, neck pain, and mid back pain. In addition, there is documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of neurologic dysfunction and failure of conservative treatment. However, there is no documentation that plain film radiographs are negative. Therefore, based on guidelines and a review of the evidence, the request for MRI cervical spine is not medically necessary.

MRI Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; TABLE 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (such as: lumbar spine trauma, uncomplicated low back pain [suspicion of cancer, infection, radiculopathy after at least 1 month conservative therapy, prior lumbar surgery or cauda equina syndrome], or myelopathy), as criteria necessary to support the medical necessity of a lumbar spine MRI. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbosacral pain, pain in joint, neck pain, and mid back pain. In addition, given documentation of objective (sensation is decreased in the L3, L4, and L5 dermatomes right leg) findings, and treatment to date (home exercise program), there is documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (radiculopathy after at least 1 month conservative therapy). Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar spine is medically necessary.