

Case Number:	CM14-0181041		
Date Assigned:	11/05/2014	Date of Injury:	09/12/2012
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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 26 year old female with a date of injury of 09/12/2012. She was hit at the top of her head by a car trunk when working at a car wash. She had a headache and neck pain. There was no evidence of scalp trauma. Her exam was normal. Then on 10/10/2012 while vacuuming the back seat the wind hit the door to close and hit her bottom. She complained of low back pain radiating to her neck. She has been treated with physical therapy, home exercise program, acupuncture, medication, activity modification and massage therapy. On 10/03/2014 she had 6/10 neck pain and upper back pain that radiated to her chest, right shoulder, right arm and right hand. She takes pain medication when she needs it and did not take any pain medication that day. She was taking Flexeril and Naproxen. Cervical range of motion was decreased. Paracervical muscle tenderness was noted. Lumbar range of motion was decreased. Straight leg raising was positive bilaterally. Right biceps strength was 4/5 and 5/5 on the left. Triceps was 4/5 bilaterally. Knee extensor was 4/5 bilaterally. Knee flexor was 5/5 bilaterally. There was hyperesthesia of the left lateral calf.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: MTUS, ACOEM, Chapter 12 Low Back Complaints, page 303 notes, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." There was no documentation of any lumbar neurologic involvement on 10/03/2014. The requested MRI does not meet MTUS guidelines. Therefore this request is not medically necessary.