

Case Number:	CM14-0020556		
Date Assigned:	04/30/2014	Date of Injury:	06/06/2012
Decision Date:	09/17/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/19/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker is a 32-year-old male who reported an injury on 06/06/2012. The mechanism of injury was not provided for clinical review. The diagnoses include cervical strain and lumbosacral strain. The previous treatments included medication and injections. Diagnostic testing included an MRI, x-rays, and ultrasound. Within the clinical note dated 04/23/2014, it was reported the injured worker complained of persistent neck and low back issues. He rated his pain 4/10 to 5/10 in severity with medication and 9/10 in severity without medication. On the physical examination, the provider noted the injured worker had decreased sensation to C5-6 to pinwheel. The provider indicated the injured worker's lumbar spine had tenderness in the paravertebral area. The injured worker had a positive straight leg raise bilaterally. The provider noted the injured worker had decreased sensation at LT-S1. The injured worker recently underwent an MRI on 02/24/2014. The request submitted is for a cervical MRI and a lumbar MRI. However, the rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

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 Page(s): 177-178.

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

Decision rationale: The Expert Reviewer's decision rationale: The request for MRI cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless there is a three or 4-week period of conservative care and observation that fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The Guidelines note criteria for ordering imaging studies also include physiologic evidence of tissue insult or neurological dysfunction, or the intent to avoid surgery and clarification of the anatomy prior to an invasive procedure. There is a lack of documentation indicating the injured worker had failed on conservative treatment. There is a lack of documentation indicating significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of documentation of red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.

MRI 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): 303-305.

Decision rationale: The Expert Reviewer's decision rationale: The request for MRI lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in a false positive finding such as disc bulges that are not the source of painful symptoms or do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is a lack of documentation indicating significant neurological deficits of the lumbar spine such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is a lack of imaging studies to corroborate the findings of radiculopathy. There is a lack of documentation regarding the failure of conservative treatment, red flag diagnoses, or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.