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| Case Number: | CM14-0025882 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 07/09/2009 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/12/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 injured worker is a 70-year-old male who reported an injury on 07/09/2009. The mechanism of injury was not provided for review. Within the clinical note dated 01/27/2014, reported the injured worker complained of low back pain, bilateral leg pain, neck pain, and bilateral hand numbness. The provider did not document prior conservative treatment. The provider requested for an MRI of the C spine and an MRI of the lumbar spine. However, the rationale was not provided for review. The request for authorization form was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGING) C-SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The injured worker complained of low back pain, bilateral leg pain, neck pain, head pain, and bilateral hand numbness. The CA MTUS/ACOEM Guidelines states 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. There is lack of significant objective findings such as decreased sensation, or motor strength in specific dermatomal or myotomal distributions. The provider failed to document a complete and adequate assessment. The medical necessity for imaging was not established. There is a lack of documentation regarding the failure of conservative treatment. Therefore, the request for an MRI of the cervical spine is not medically necessary.

MRI (MAGNETIC RESONANCE IMAGING) LS SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for an MRI of the lumbosacral spine is not medically necessary. The injured worker complained of low back pain, bilateral leg pain, neck pain, head pain, and bilateral hand numbness. The CA MTUS/ACOEM recommend imaging studies of the lumbosacral spine with unequivocal objective findings that identify specific nerve compromise on the neurologic examination if sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. There is a lack of documentation of red flags. There is a lack of documentation of red flags diagnosis or the internet to undergo surgery to warrant the utilization of advanced imaging or testing. There is a lack of a detailed exam found for motor, sensory, reflexes, or orthopedic tests defining radiculopathy. There is a lack of documentation regarding the failure of conservative treatment. In addition, the rationale for the request was not provided. The medical necessity for imaging was not established. Therefore, the request for an MRI of the lumbosacral spine is not medically necessary.