

Case Number:	CM14-0028247		
Date Assigned:	07/02/2014	Date of Injury:	02/22/2005
Decision Date:	08/12/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/05/2014

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 Family Practice 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:

The claimant is a 34 year old female claimant sustained a work injury on 2/22/05 involving the neck and head. She developed chronic headaches and had a diagnosis of Arnold chiari malformation. She had been treated with physical therapy and used oral analgesics for pain. She had surgery for her Arnold Chiari with a C1 suboccipital laminectomy in 2008. A prior MRI in Dec 2013 showed no hydrocephalus. A progress note on 1/23/14 indicated she had 3-4 headaches per week as well as incoordination, memory problems, and imbalance. She also complained of stiffness in he legs. The treating physician ordered an MRI of the thoracic and lumbar spine and referred her to a headache center.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine w/out contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG), Magnetic resonance imaging.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is not recommended without red flag symptoms such as tumor, fracture, infection or new neurological findings. In this case, the symptoms are likely related to prior cervical pathology for which she is getting referred to a headache center. In addition, she had a recent MRI of the C-spine. The claimant's symptoms of leg stiffness are not related to lumbar pathology based on the neurological findings. The request for an MRI of the lumbar spine is not clinically indicated and therefore not medically necessary.

MRI: Thoracic Spine w/out contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the thoracic spine is not recommended without red flag symptoms such as tumor, fracture, infection or new neurological findings. In this case, the symptoms are likely related to prior cervical pathology for which she is getting referred to a headache center. In addition, she had a recent MRI of the C-spine. The claimant's symptoms of leg stiffness are not related to thoracic pathology based on the neurological findings. The request for an MRI of the thoracic spine is not clinically indicated and therefore not medically necessary.