MAXIMUS Federal Services

Case Number:	CM14-0033188		
Date Assigned:	06/20/2014	Date of Injury:	01/01/2011
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 Medicine, and is licensed to practice in California and Nevada. 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 53 year old female who sustained injuries to her neck and low back on 01/01/11 due to a slip and fall. The injured worker also reported hitting her head on the floor. The injured worker complained of pain in the neck, back, and right upper extremity that was not reported to her employer because she was afraid she would be terminated. The injured worker continued to work, performing regular job duties. Progress report dated 04/17/14 reported no change in physical examination since the previous visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition pages 303-304 lumbar Spine: MRI ACOEM Guidelines 2nd Edition back chapter updated 4/07/08 page 52Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: It is not clear that there were any changes in neurological findings consistent with evidence based guideline recommendations for the use of imaging studies. Objective findings documented on physical examination dated 12/19/13 do not support the medical necessity of the requested imaging studies. The Progress report dated 04/17/14 noted that there was no change in physical examination since the previous visit. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were taken prior to the request for a more advanced MRI. There was no mention that a surgical intervention was anticipated. There were no additional 'red flags' identified. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, the request for an MRI of the lumbar spine is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: It is not clear that there were any changes in neurological findings consistent with evidence based guidelines recommendations for the use of imaging studies. Objective findings documented on the physical examination dated 12/19/13 do not support the medical necessity of the requested imaging studies. The progress report dated 04/17/14 noted that there was no change in physical examination since the previous visit. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were taken prior to the request for a more advanced MRI. There was no mention that a surgical intervention was anticipated. There were no additional 'red flags' identified. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information that would support reversing the previous adverse determination. Given the clinical documentation submitted for review, the request for an MRI of the cervical spine is not medically necessary.