

Case Number:	CM14-0034339		
Date Assigned:	06/20/2014	Date of Injury:	09/28/2011
Decision Date:	07/24/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Rehabilitation and is licensed to practice in 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 this 54-year-old gentleman who was reportedly injured on September 28, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 17, 2014, indicates that there are ongoing complaints of neck pain, lower back pain, and left knee pain. The physical examination demonstrated cervical spine paraspinal tenderness as well as tenderness in the bilateral trapezius area. There was decreased cervical spine range of motion with pain. The examination of the lumbar spine also noted paraspinal tenderness and decreased lumbar spine range of motion. There was a normal upper and lower extremity neurological examination. Examination of the left knee noted crepitus and pain with motion. There was a moderate effusion and tenderness along the joint line. The treatment plan requested an magnetic resonance imaging of the cervical and lumbar spine, Demerol, Phenergan, Toradol intramuscular, dexamethasone, and Depo-Medrol intramuscular. A request had been made for a magnetic resonance imaging (MRI) of the lumbar spine, MRI the cervical spine, and a referral to pain management and was not certified in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: It is unclear why there is a request for an magnetic resonance imaging (MRI) of the lumbar spine. Although there are complaints of radicular symptoms to the upper and lower extremities bilaterally, the injured employee has a normal neurological examination. Routine imaging of lumbar spine in this setting may be confusing rather than beneficial. This request for an MRI of the lumbar spine is not medically necessary.

Magnetic Resonance Imaging (MRI) Cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: It is unclear why there is a request for an magnetic resonance imaging (MRI) of the cervical spine. Although there are complaints of radicular symptoms to the upper and lower extremities bilaterally, the injured employee has a normal neurological examination. Routine imaging of cervical spine in this setting may be confusing rather than beneficial. This request for an MRI of the cervical spine is not medically necessary.

Referral for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 8.

Decision rationale: It is additionally unclear why there is a referral for pain management. There is no documentation regarding difficulty managing pain in the injured employee or controlling radicular findings in the face of a normal neurological examination. This request for a pain management referral is not medically necessary.