

Case Number:	CM14-0034532		
Date Assigned:	06/20/2014	Date of Injury:	10/31/2005
Decision Date:	07/18/2014	UR Denial Date:	02/14/2014
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 Internal Medicine 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 patient is a 41 year old female with date of injury 10/31/2005 and is reported to have chronic neck and low back pain. The patient is currently taking long acting opiate pain patches and uses oral opiates for breakthrough. She is also on topical Lidoderm patches as well. Lyrica and Soma are used adjunctively. The patient has reports of comorbid depression and anxiety. The current request is for MRI cervical spine and a lumbar corset.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MCGTM, Ambulatory Care.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: The patient has chronic neck pain and an MRI of the cervical spine in 11/2007 showed a 2mm disc protrusion at C5-6 and C6-7. The most recent notes do not reflect a change in her neck pain or new/worsening radicular symptoms of the upper extremities on exam or by subjective complaints. Since no new findings of concern are brought up on exam or history

to suggest new pathology, there is no indication for a repeat MRI of the cervical spine at this time and the MRI cervical spine is not medically necessary.

Lumbar corset: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315.

Decision rationale: California MTUS states a lumbar corset has limited evidence (at least one adequate trial in patients with low back complaints) in prevention and treatment of low back pain. However, it can be a recommended option to help with adjunctive treatment. Since this patient has failed many multi-modality therapies, it is reasonable to consider a lumbar corset as a trial for help in pain scores and functional improvement. As such, the lumbar corset is medically necessary.