

Case Number:	CM14-0035494		
Date Assigned:	06/25/2014	Date of Injury:	02/14/2013
Decision Date:	08/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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 Pulmonary Diseases 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 injured worker is a 57-year-old female who reported an injury on 02/14/2013. The mechanism of injury was the injured worker had blinds fall on her head while she was preparing to clean a window. Prior treatments included x-rays, an MRI, neurology visits, an ENT specialist, and an orthopedist. Additional prior treatments included upper extremity electrodiagnostic studies and medications, as well as physical therapy. The documentation indicated the MRI was of the head. The injured worker had a CT scan of the head and brain without contrast and x-rays of the cervical spine. The documentation of 10/02/2013 revealed the injured worker had complaints of on and off back pain. The injured worker indicated the pain radiated to the bilateral shoulders and arms with numbness and tingling. The physical examination revealed the injured worker had tenderness to palpation with spasms of the bilateral thoracic paraspinals and lumbar paraspinals and tenderness to palpation of the bilateral sacroiliacs. The injured worker had decreased range of motion of the thoracolumbar spine. The injured worker had a positive sitting root and straight leg raise test at 30 degrees bilaterally. The injured worker had hypoesthesia of the toes. The reflexes of the patellar L4 and Achilles S1 were equal and symmetrical. The diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, and lumbar spine sprain/strain with myospasms. The treatment plan included MRIs of the cervical spine, lumbar spine, and brain. The treatment plan additionally requested an EMG/NCV of the bilateral lower extremities. This request was previously denied as there was no documentation indicating what body part the previous MRI had been of.

IMR ISSUES, DECISIONS AND RATIONALES

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

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): 303-305.

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve root compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was lack of documentation indicating the injured worker had a failure to respond to treatment and that she would consider surgery an option. Given the above, the request for MRI lumbar spine without contrast is not medically necessary.