

Case Number:	CM14-0040307		
Date Assigned:	06/27/2014	Date of Injury:	04/02/1994
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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:

This is a 59-year-old patient with a 4/2/94 date of injury. The mechanism of injury occurred when she slipped and fell. According to a 5/28/14 progress note, the patient presented for complaints referable to her low back. She was still having severe pain that she rated at best a 6/10 and at worst a 10/10 on a 0/10 VAS (visual analog scale). She developed severe right buttock pain radiating down her leg to her right shin. She continued to note weakness in the left lower extremity. She reported cramping pain and numbness and tingling in the right posterior calf. Objective findings: range of motion of the lumbar spine was 50 degrees of forward flexion, less than 5 degrees of extension, 20 degrees of side-bending and rotation bilaterally, decreased sensation to light touch and pinprick in the left L5 and S1 distributions, grossly antalgic right-sided gait. Diagnostic impression: status post lumbar fusion. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 3/28/14 denied the request for open cervical spine MRI. Guidelines recommend imaging studies of the cervical spine with documented unequivocal evidence of nerve compromise, after failed therapy trials. There is no objective documentation of radicular pain, such as a positive Spurling's maneuver or axial compression test, and there are no documented positive neurologic exam findings consistent with nerve compromise, such as deficits in dermatomal sensation, reflexes or muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI Cervical spine: 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): 179-180, Chronic Pain Treatment Guidelines Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, on physical exam, the patient is noted to have a normal neuromuscular exam with intact reflexes and normal sensation. In addition, this patient has a 1994 date of injury and is documented to have cervical spondylosis. It is unclear when her last cervical MRI was and what has changed significantly since then to necessitate repeat imaging. Therefore, the request for Open MRI Cervical Spine was not medically necessary.