

Case Number:	CM14-0041552		
Date Assigned:	06/30/2014	Date of Injury:	12/22/2008
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 Management and is licensed to practice in Georgia. 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 claimant is a 60 year old female presenting with chronic pain following a work related injury on 12/22/2008. The claimant is status post right shoulder arthroscopy, 09/09/10, left shoulder arthroscopy, 05/10/2012 and revision carpal tunnel release and cubital tunnel release 02/20/2013 and left carpal tunnel release and cubital tunnel release 08/07/2013. On 3/12/2014, the claimant complained of upper back, neck discomfort and left shoulder pain. The claimant also complained of increased low back pain with weakness in the right leg from the low back extending into the left knee region. Cervical spine examination shows tenderness in bilateral trapezius extending into the occipital region and bilateral cervical paraspinal muscles and 20 degrees loss of motion throughout all planes of cervical spine. Lumbar spine examination showed tenderness in the lumbar paraspinous region, loss of forward flexion and extension, and weakness with right knee extension. MRI of the lumbar spine on 5/07/2009 showed degenerative changes at L4-5 and L5-S1 with mild central canal and foraminal stenosis at L4-5 region. The claimant was diagnosed with cervical sprain/strain. A claim was placed for cervical and lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI; Lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172, 182. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) - TWC Neck & Upper Back Procedure Summary last updated 03/07/2014.

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 Extremity Complaints and Low back Complaints, Treatment consideration.

Decision rationale: Cervical and Lumbar MRI is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the indication of an imaging test to the find a potential cause. Magnetic resonance imaging for neural or soft tissue and computed tomography for bony structures. The claimant had a physical exam that remain unchanged for numerous office visit and additionally there were no physical signs to warrant a Cervical and lumbar MRI including a nerve root compromise, diminished reflexes motor and/or sensory impairment; therefore the requested service is not medically necessary.