

Case Number:	CM14-0043395		
Date Assigned:	07/23/2014	Date of Injury:	08/03/2013
Decision Date:	09/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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:

The injured worker is a 50-year-old female with a 6/3/13 date of injury. She injured her head, neck, and back when she walked into a room and her right foot slipped and she fell striking her forehead. She had a loss of consciousness and immediately could not feel her arms and legs. According to a report dated 2/11/14, the patient complained of neck pain radiating to the shoulders, upper back pain, and lower back pain with occasional leg pains. Objective findings: tenderness in the lower cervical spine, extension of the neck reproduces pain in the shoulders, limited active voluntary ROM of the thoracolumbar spine, motor examination was normal in all major muscle groups of the upper and lower extremities, sensory examination was normal to light touch. X-Ray findings revealed advanced collapse and disc disease at L5-S1 and early degenerative-type spondylolisthesis at L4-L5. Diagnostic impression: cerebral concussion, cervical strain superimposed upon cervical degenerative disc disease and cervical stenosis, lumbosacral strain superimposed on lumbar degenerative disc disease, early degenerative spondylolisthesis at L4-L5 and possible lumbar stenosis, non-industrial bilateral knee osteoarthritis. Treatment to date: medication management, activity modification, physical therapy, massage therapy. A UR decision dated 3/4/14 denied the request for lumbar spine MRI without contrast. There are no documented neurological findings on exam or a specific neurological differential diagnosis proposed to support a rationale for a lumbar MRI. Guidelines only recommend imaging when cauda equina, tumor, infection, or fracture is strongly suspected and plain film radiographs are negative.

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 Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines Low Back Complaints Chapter.

Decision rationale: The CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The dates of her x-ray findings were not noted and it is unclear if there has been a significant change in her condition since that time. In addition, according to the reports reviewed, there is lack of documentation of focal neurological deficits of the lumbar spine. In fact, her sensory examination was normal. Furthermore, there is no documentation as to failure of conservative treatment modalities such as medications or physical therapy. Therefore, the request for MRI lumbar spine without contrast was not medically necessary.