

Case Number:	CM14-0045802		
Date Assigned:	07/02/2014	Date of Injury:	12/23/2013
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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 53-year-old female with a date of injury on 12/23/2013. The patient's diagnoses include brachial neuritis, thoracic/lumbosacral neuritis, and pes anserinus tendinitis. Subjective complaints are of sharp shooting pain in the neck with radiation into her left arm. The patient also has complaint of constant pain in the low back that travels to the left leg. Left knee complaints are of sharp shooting pain with standing and walking. There is also popping, clicking, locking, and episodes of swelling. The physical exam shows spasm and tenderness in the cervical paravertebral muscles. The strength is decreased in the left C6-7 myotomes, and sensation was diminished in the same area. There were positive bilateral shoulder impingement signs. The lumbar spine showed tenderness and spasm in the paravertebral muscles, and had an antalgic gait, and decreased left L5 sensation. The left knee showed patellofemoral crepitus and there was medial and lateral joint line tenderness, but no instability. An x-ray of the knee was normal. An x-ray of the lumbar spine showed some decreased disc space at L5-S1. An x-ray of the cervical spine showed decreased disc space at C5-6. Prior treatment has included medications. There is no documentation of prior physical therapy or other conservative treatment modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NECK, MRI.

Decision rationale: The California MTUS supports a cervical MRI for patients 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 anatomy prior to procedure and definitive neurologic findings on physical examination, or electrodiagnostic studies. The ODG suggests MRI is indicated for known cervical spine trauma: equivocal or positive plain films with neurological deficit. This patient's documentation indicates a history of cervical spine trauma, normal x-rays, and symptoms that are not responding to medications. Therefore, the medical necessity of a cervical MRI is established.

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) LOW BACK, MRI.

Decision rationale: ACOEM recommends MRI of lumbar spine when Cauda Equina, tumor, infection, or fractures are strongly suspected or if patient has had prior back surgery. The ODG recommends an MRI exam for uncomplicated back pain with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Also if there is suspicion for cancer, infection, or other "red flags". This patient did not show signs/symptoms suggestive of tumor, infection, fracture, or progressive neurologic deficit. The patient does have signs/symptom of suggestive of lumbar radiculopathy, but there has been no trial of conservative therapy. Therefore, the medical necessity for a lumbar MRI is not established.

Left Knee MRI without intra-articular contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) KNEE, MRI.

Decision rationale: The California MTUS states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began. The ODG states that soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. The ODG states that for non-traumatic patellofemoral pain or suspicion for internal derangement (with normal x-rays) a MRI can be appropriate for further evaluation. For this patient, there are subjective and objective findings of anterior knee pain and suspicion for internal derangement. Therefore, the requested MRI of the knee is medically necessary.