

Case Number:	CM14-0046463		
Date Assigned:	07/02/2014	Date of Injury:	06/29/2010
Decision Date:	08/26/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old male who reported an injury on 06/29/2010. The mechanism of injury was lifting a heavy metal chair. The injured worker's diagnoses were pain disorder associated, cervical spine chronic sprain/strain superimposed upon degenerative disc disease with a 2 mm disc bulge at C4 and C5, a 3 mm disc bulge at C5-6, a 1 to 2 mm disc bulge, and postoperative status anterior cervical partial corpectomy at C5, C6, and C7. The injured worker underwent cervical spine surgery on 06/14/2011 and lumbar spine fusion at L4-L5 on 01/16/2012. The injured worker's prior treatment included post-operative physical therapy. The injured worker diagnostics included an MRI on 07/27/2010 cervical spine, and MRI of the lumbar spine dated 05/03/2011 revealed L4-L5 disc desiccation, L5-S1 disc height well preserved. The injured worker complained of back, neck, upper right extremity, and right arm pain. On physical examination dated 01/30/2014 there was tenderness to palpation over the dorsolumbar spine area. There was pain noted to the injured worker's neck, bilateral shoulders, arm, and bilateral knees, and lower back. Neurological examination was within normal limits. The injured worker's medications were lorazepam, gabapentin and Medrox patch. The treatment plan is for the request of an MRI of the lumbar spine. The rationale for the request was not submitted. The Request for Authorization form was not provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: 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): 303-305.

Decision rationale: According to the California MTUS/ACOEM Guidelines, 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 who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The injured worker revealed tenderness to palpation over the dorsal lumbar spine and shoulder area. According to documentation submitted the injured worker has past treatments of physical therapy, but there is no documentation as to neurological deficit, how many sessions of therapy he attended, how long it was ordered for, and the outcome of the physical therapy when discharged. The current documentation that was submitted for review does not support Guidelines. As such, the request for MRI of the lumbar spine is not medically necessary.