

Case Number:	CM14-0047665		
Date Assigned:	06/25/2014	Date of Injury:	06/04/2003
Decision Date:	09/16/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 48-year-old male who reported an injury on 06/04/2003. The mechanism of injury was not provided for clinical review. The diagnoses included status post right knee arthroscopy, lumbar musculoligamentous sprain/strain, right lower extremity radiculitis, disc desiccation at L3 to S1, cervical/trapezial musculoligamentous sprain/strain, myofascial pain syndrome, left elbow strain with ulnar entrapment. The previous treatments included surgery, medication, and physical therapy. Within the clinical note dated 04/28/2014, it was reported the injured worker complained of neck pain with left upper extremity numbness. Upon the physical examination of the lumbar spine, the provider noted tenderness to palpation over the bilateral paravertebral musculature, bilateral quadratus lumborum muscle and bilateral gluteal muscle. The provider indicated the injured worker had tenderness over the left sacroiliac joint. The injured worker had a positive straight leg raise test on the left with radicular component to the calf. The range of motion was flexion at 58 degrees, and extension at 18 degrees. The provider requested an EMG/NCV and an MRI. However, the rationale was not provided for clinical review. The request for authorization was provided and dated 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/ACOEM Guidelines note that criteria for ordering imaging study include emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. There is lack of documentation indicating a red flag diagnosis for the intent to undergo surgery requiring an MRI. There is lack of documentation indicating the injured worker tried and failed conservative therapy. There is significant lack of documentation indicating neurological deficits of the cervical spine to warrant further imaging. Therefore, the request is not medically necessary.