

Case Number:	CM14-0054542		
Date Assigned:	07/07/2014	Date of Injury:	11/19/2012
Decision Date:	08/25/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/23/2014

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 Neurological Surgery 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 records presented for review indicate that this 65 year-old male was reportedly injured on November 19, 2012. The mechanism of injury is noted as a fall from a chair. The most recent progress note, dated April 2, 2014 indicates that there are ongoing complaints of cervical and lumbar pain. The physical examination was not reported. Diagnostic imaging studies objectified a verifiable S1 radiculopathy on electrodiagnostic testing. Previous treatment includes carpal tunnel release, cervical discectomy, left knee surgery and tibial osteotomy (unrelated to the compensable event). Selective nerve root blocks, chiropractic care also has been delivered. A request had been made for MRI of the cervical and lumbar spine and was not certified in the pre-authorization process on April 1, 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Standing MRI of the Cervical Spine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) cervical & thoracic spine disorders-diagnostic investigations-MRI (electronically cited).

Decision rationale: When noting the date of injury, the mechanism of injury, the filing the physical examination and the lack of any clinical assessment presented for review in the last 6 months there is insufficient clinical evidence to support this request. It is uncertain to what imaging studies have been completed and the current clinical situation demonstrating a progressive neurologic abnormalities. Therefore, based on this lack of clinical information there is insufficient data to establish the medical necessity for this study.

MRI of the Lumbar Spine weight bearing flexion/extension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Standing MRI of the Lumbar Spine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, the mechanism of injury, the treatment rendered it would indicate that imaging studies have been completed. There are no current progress notes indicating a progressive neurologic deficit or any other parameter by which a repeat MRI would be necessary. Therefore, based on this lack of clinical ration the medical necessity has not been established.