

Case Number:	CM14-0055198		
Date Assigned:	07/09/2014	Date of Injury:	10/21/1998
Decision Date:	08/07/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/24/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female, with an injury date of 10/21/98. Based on the 03/17/14 progress report provided by [REDACTED], the patient complains of neck pain and back pain. She reports history of osteoarthritis of spine, compression fractures of spine, and neck stiffness. She has seen chiropractic for this which helped her symptoms significantly. She also has a history of hypothyroidism and reports of chronic fatigue and weight gain. The patient had no positive exam findings. Her diagnoses include the following the following: 1.Spondylosis not otherwise specified without myelopathy 2.Other chronic pain 3.Common migraine without mention of intractable migraine; atypical migraine 4.Headache 5.Acquired hypothyroidism not elsewhere classified 6.Pain- neck [REDACTED] is requesting the following: 1.MRI cervical spine 2.MRI lumbar spine The utilization review determination being challenged is dated 04/08/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/17/14, 04/09/13, 04/28/14, and 05/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 and 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to the 03/17/14 report by [REDACTED], the patient presents with neck pain and back pain. The request is for an MRI of the cervical spine. There is no indication that the patient had a recent MRI of the cervical spine. The MTUS/ACOEM Guidelines recommend MRIs if there is physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The guidelines also indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Although the 03/17/13 report states that the patient continues to have neck pain and stiffness, it does not radiate. There is no evidence red flags or neurologic signs/symptoms to warrant an MRI. The request is not medically necessary.

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the 03/17/14 report by [REDACTED], the patient presents with neck pain and back pain. The request is for a MRI of the lumbar spine. There is no indication that the patient had a recent MRI of the lumbar spine. The MTUS/ACOEM Guidelines indicate that 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. The Official Disability Guidelines do not support MRI's unless there are neurologic signs/symptoms are present. The patient does not have any positive exam findings and does not present with any red flags, neurologic signs/symptoms to warrant an MRI. No surgery is anticipated either. The request is not medically necessary.