

Case Number:	CM14-0071715		
Date Assigned:	07/16/2014	Date of Injury:	10/25/2013
Decision Date:	09/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain, bilateral shoulder pain, chronic low back pain, wrist pain, forearm pain, and knee pain reportedly associated with an industrial injury of October 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy and physical therapy over the life of the claim. Both MTUS and non-MTUS guidelines were cited; however, the claims administrator appeared to have based its denial, in large part, on the non-MTUS references, although neither set of guidelines was incorporated into the rationale. The applicant's attorney subsequently appealed. In an April 11, 2014 progress note, handwritten, difficult to follow, not entirely legible, the applicant apparently presented with persistent complaints of low back pain radiating to the right leg exacerbated by lifting, bending, and sleeping. Positive straight leg raising was noted. The note was quite difficult to follow and was, at times, not entirely legible. The applicant is asked to finish acupuncture and obtain cervical and lumbar MRI imaging to evaluate the possibility of herniated nucleus pulposus owing to the applicant's failure to improve. The applicant was given work restrictions, which were in effect resulting in her removal from the workplace, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI): Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): criteria for imaging studies in the management of neck injuries. Decision based on Non-MTUS Citation Official Disability Guidelines: Cervical MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does "recommend" MRI or CT imaging to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no indication that the applicant is actively considering or contemplating any kind of invasive procedure involving the cervical spine. There is no evidence that the applicant would act on the results of the cervical MRI in question. The attending provider did not state what history and physical exam findings led to the suspicion of herniated nucleus pulposus involving the cervical spine. Much of the documentation, admittedly handwritten, not entirely legible, difficult to follow, focused on the applicant's low back issues. For all the stated reasons, then, the proposed cervical MRI is not medically necessary.

Magnetic Resonance Imaging (MRI): Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304, Tables 12-1, 12-8, 12-7, footnote 2. Decision based on Non-MTUS Citation Official Disability Guidelines: http://www.odg-twc.com/odgtwc/low_back/htm#MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, as with the cervical MRI request, there is no evidence that the applicant is actively considering or contemplating any kind of surgical remedy involving the lumbar spine. The attending provider's documentation was sparse, handwritten, difficult to follow, and did not state how the MRI study in question would influence the treatment plan. Therefore, the request is not medically necessary.