

Case Number:	CM14-0076942		
Date Assigned:	07/18/2014	Date of Injury:	04/20/2011
Decision Date:	09/15/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 and 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 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 63-year-old male who reported an injury on 04/20/2011, caused by an unspecified mechanism. The injured worker's treatment history included an MRI and medications. The injured worker was evaluated on 01/10/2014, and it was documented that the injured worker complained of cervical spine and right shoulder pain. The physical examination revealed cervical spine range of motion was about 50% full, lumbar spine range of motion flexion 60/90 degrees, 15/25 degrees, right/left lateral flexion was 25/25 degrees, and right shoulder had a positive Apley's and Hawkin's test. It was noted per the MRI lumbar spine stenosis, lumbar spine radiculopathy, and right shoulder impingement mild. The injured worker was evaluated on 04/12/2014, and it was documented the injured worker complained of lumbar and cervical spine pain. The physical examination of the lumbar spine revealed a positive Kemp's test, positive straight leg raise test, left at 65 degrees and right at 70 degrees, both for hamstring tightness, and tenderness to palpation midline L4-5 and L5-S1, as well as mild paravertebral tenderness at those levels. Diagnoses included cervical spine multilevel disc bulges per MRI, cervical spine stenosis, status post cervical spine fusion x2, lumbar spine multilevel disc bulges positive per MRI, lumbar spine stenosis, and lumbar spine radiculopathy. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays for cervical and lumbar spine (7) views and SI (sacroiliac) joints: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179; 303-305.

Decision rationale: The Expert Reviewer's decision rationale: The request for cervical x-ray is not medically necessary. The American College of Occupational and Environmental Medicine guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state the criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The guidelines recommends X-rays of the lumbar spine in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The Official Disability Guidelines (ODG) recommends X-rays on sacroiliac joints. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. There is no indication of tissue insult or neurologic dysfunction. There is lack of clinical medical rationale provided on why the request is required for another set of cervical X-rays, in addition, the documentation provided failed to provide conservative care for the injured worker therefore, the request for the cervical X-ray is not medically necessary.

MRI of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The Expert Reviewer's decision rationale: The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There was no conservative care treatment submitted for the injured worker. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery therefore this request is not medically necessary.