

Case Number:	CM14-0082665		
Date Assigned:	07/21/2014	Date of Injury:	02/08/2013
Decision Date:	10/20/2014	UR Denial Date:	05/18/2014
Priority:	Standard	Application Received:	06/04/2014

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 is licensed to practice in Nevada. 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 51-year-old male was reportedly injured on 02/08/2013. The most recent progress note, dated 04/16/2014, indicated that there were ongoing complaints of neck and low back pain that radiated into the upper and lower extremities. The physical examination demonstrated spasm, tenderness, and guarding are noted in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. Decreased sensation was noted over the C6 and L5 dermatomes bilaterally. Positive weakness was with toe and heel walking as well as weakness with elevation of the left arm. Positive impingement and Hawkin's signs were noted in the left shoulder. Positive tenderness was of the right lateral epicondyle. Tenderness was noted over the MCP joint of the left third digit with some edema and bony deformity. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for MRI of the cervical spine without contrast, MRI of the lumbar spine without contrast, left shoulder MRI without intra-articular contrast and internal medicine consult and was non-certified in the pre-authorization process on 05/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

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 and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited)

Decision rationale: ACOEM practice guidelines support an MRI of the cervical and/or thoracic spine in certain patients with acute and subacute red flag conditions, radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment; however, a MRI is not recommended for evaluation of patients with non-specific cervical or thoracic pain, unless there is a concern of neoplasm, infection or other neurological illnesses. The claimant complains of neck and back pain after a work-related injury. Review of the available medical records fails to document any criteria that would require a MRI of the spine. As such, this request is not considered medically necessary.

MRI Lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; Indications for imaging, Magnetic resonance imaging

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

Decision rationale: ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records fails to report any significant neurological changes in physical examination. It is noted there was some decreased sensation over the L5 dermatomes bilaterally. As such, the request is not considered medically necessary.

MRI Left Shoulder without Intra-Articular contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: California guidelines do not support specialized imaging studies prior to 6 weeks of activity limitation unless a red flag is noted. After 6 weeks of activity limitation, support of specialized imaging studies may be considered when physiological evidence of neurovascular dysfunction is noted, there is failure to progress in a strengthening program that is intended to avoid surgery, or for clarification of anatomy prior to an invasive procedure. Based on the clinical data provided, it cannot be determined that any of the above criteria are present in

this setting. In the absence of additional documentation to substantiate the medical necessity of the proposed diagnostic procedure, this request is deemed not medically necessary.

Internal Medicine Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127

Decision rationale: MTUS/ACOEM practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records documents neck and low back discomfort with minimal radicular symptoms at their last office visit but fails to give a clinical reason to transfer care to an internal medicine specialist. As such, this request is not considered medically necessary.