

Case Number:	CM14-0091256		
Date Assigned:	07/23/2014	Date of Injury:	05/06/2010
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old female with a work injury dated 5/6/10. The diagnoses include lumbago, lumbar radiculopathy, cervical radiculopathy, right hip pain, likely labral tear. Under consideration is a request for magnetic resonance imaging (MRI) of the right hip / denied by physician advisor; repeat magnetic resonance imaging (MRI) of the lumbar spine / denied by physician advisor, and repeat magnetic resonance imaging (MRI) of the lumbar spine / denied by physician advisor. There is a primary treating physician (PR-2) document dated 5/15/14 that states that the patient complaints of cervical spine, lumbar spine, head, bilateral hip, bilateral arm, bilateral shoulder bilateral leg and coccyx and sacrum pain. The objective findings indicate decreased cervical and lumbar range of motion with pain .There are triggers in the left trapezius. There is a positive straight leg raise. There is difficulty toe walking with slightly antalgic gait. There is decreased hip range of motion with pain. The treatment plan includes PT 3x3 and MRI of the cervical spine, lumbar spine and hip. There is a 1/27/14 physician document that states that the patient has continued lumbar spine pain. She has stabbing pain, numbness and tingling in both legs. She has right arm pain. she wants to have an MRI done of her pelvis and legs due to pain. She would like to also see internal medicine She has done about 4 sessions of acupuncture for her neck and back but not really helping .One exam she has normal muscle motor strength and sensation in the bilateral upper and lower extremities. There is a negative Babinski sign. There is no clonus. There is a positive supine straight leg raise at 80 bilaterally. An 11/27/13 physician document states that the patient has urinary stress incontinence which is non industrial in nature. Her fecal incontinence is felt to be secondary to medications, childbirth, and psychological reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis-MRI (magnetic resonance imaging).

Decision rationale: Magnetic resonance imaging (MRI) of the right hip is not medically necessary per the ODG guidelines. The MTUS guidelines do not address a hip MRI. The documentation indicates that the patient may have a labral tear. The ODG guidelines state that for labral tear MR Arthrography is the preferred test. Furthermore, the documentation does not indicate a red flag condition on physical examination. The request for Magnetic Resonance Imaging (MRI) of the right hip is not medically necessary.

Repeat Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Repeat magnetic resonance imaging (MRI) of the lumbar is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. The documentation submitted does not reveal a plan for lumbar surgery or evidence of red flag conditions. The documentation indicates this is a repeat MRI and it is unclear what the prior lumbar MRI results were and when they were obtained. Request for repeat magnetic resonance imaging (MRI) of the lumbar is not medically necessary.

Repeat Magnetic Resonance Imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: A repeat magnetic resonance imaging (MRI) of the cervical spine is not medically necessary per the MTUS ACOEM guidelines. Per the MTUS guidelines unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Furthermore, the guidelines state that criteria for ordering imaging studies are: emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation submitted reveals normal upper extremity motor and sensory testing on physical exam testing. There are no red flag findings, and there is no evidence patient is preparing for surgery. The documentation indicates that this is a repeat MRI but it is unclear when the last cervical MRI was. The request for a repeat magnetic resonance imaging (MRI) of the cervical spine is not medically necessary