

Case Number:	CM14-0092284		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2007
Decision Date:	09/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 63 year old male who sustained injuries to his neck and low back on 07/23/07 when he slipped and fell on some wet stairs. The records indicate that the injured worker has undergone several MRIs of the cervical and lumbar regions. EMG/NCV of the bilateral upper extremities dated 07/07/14 revealed mild primarily sensory median neuropathy across the wrists, slightly worse on the left side; mild ulnar neuropathy across the wrists and elbows, worse on the left side; normal bilateral radial sensory and motor nerve study; normal bilateral dorsal cutaneous nerve study; no electrodiagnostic evidence for peripheral polyneuropathy; EMG without active or chronic denervation potentials to suggest a motor cervical or thoracic radiculopathy. Physical examination noted no asymmetry, mass, or tenderness to palpation; sensation to light touch normal in the bilateral lower extremities; no tenderness to palpation in the lumbar paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI). The Expert Reviewer's decision rationale: The previous request was denied on the basis that the injured worker has already had multiple MRIs of the cervical spine, the most recent 04/08/13. Current literature does not indicate imaging studies unless there is "physiologic evidence of tissue insult or neurologic dysfunction as reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion; false positive test results". The injured worker has chronic neck and upper arm pain without neurological deficits on physical examination. Additionally, there has been no progression of the disease since the previous MRI. There was no report of a new acute injury or exacerbation of previous symptoms. There was no information provided that would indicate a surgical intervention is anticipated. There were no additional 'red flags' identified that would warrant a repeat study. Given this, the request for an MRI of the cervical spine is not indicated as medically necessary.

MRI Lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging). The Expert Reviewer's decision rationale: The previous request was denied on the basis that the injured worker has already had multiple MRIs of the lumbar spine, the most recent dated 10/11/13. Further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional red flags identified that would warrant a repeat study. Given this, the request for an MRI of the lumbar spine is not indicated as medically necessary.