

Case Number:	CM14-0017214		
Date Assigned:	04/14/2014	Date of Injury:	08/08/2005
Decision Date:	03/11/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained work related industrial injuries on August 8, 2005. The mechanism of injury involved lifting trash out of compactor causing pain to her shoulders, neck and back. The injured worker was diagnosed and treated for chronic myoligamentous cervical spine strain/sprain, cervical spondylosis, chronic myoligamentous lumbar spine sprain/strain, and lumbar spondylosis. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, cortisone injections, physical therapy, consultations and periodic follow up visits. Per treating provider report dated December 20, 2013, the injured worker reported diffuse pain in the head, neck, and back radiating into her arms and legs. Documentation noted that the injured worker walks with a cane with a noticeable antalgic gait. The provider noted that the injured worker had diffuse myofascial pain throughout the cervical, thoracic and lumbar spine. There was tenderness to palpitation with spasm noted bilaterally in the upper trapezius muscle and lumbar musculature. There was also limited active range of motion of the thoracolumbar spine. The treating physician prescribed services for MRI of the lumbar spine without contrast now under review. On January 17, 2014, the Utilization Review (UR) evaluated the prescription for MRI of the lumbar spine without contrast requested on January 10, 2014. Upon review of the clinical information, UR non-certified the request for MRI of the lumbar spine without contrast, noting the lack of defined clinical change since prior study to support medical necessity. The MTUS, ACOEM Guidelines was cited. On February 11, 2014, the injured worker submitted an application for IMR for review of MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation low back chapter, MRI

Decision rationale: The patient presents with diffuse pain about the head, neck and back which radiates into the arm and legs. The request is for MRI LUMBAR SPINE WITHOUT CONTRAST. Diagnostic imaging studies included cervical spine on 10/26/05 and sacrum/coccyx on 03/24/11 which were reportedly unremarkable. Treatment medications include Naproxen, Flexeril, and Vicoprofen. Per RFA report dated 12/31/13, the patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy. Per progress report dated 12/20/13, the patient stated that she has not attended her physical therapy sessions due to lack of transportation. Per denial letter dated 01/17/14, electrodiagnostic study dated 03/08/06 was unremarkable. Patient is permanent and stationary. For special diagnostics, ACOEM Guidelines page 303 states, "unequivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that, "MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. Treater does not state the reason for the request. In this case, there are no new injuries, no history of prior pertinent surgeries, no defined clinical changes from the time of the prior MRI studies to present, no objective neurological symptoms, or new locations of symptoms that would require additional investigation. Therefore, the request IS NOT medically necessary.