

Case Number:	CM14-0186509		
Date Assigned:	11/14/2014	Date of Injury:	08/14/2012
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 8/14/2012. Per workers' comp pain management re-evaluation dated 4/18/2014, the injured worker complains of lower back pain and left wrist pain. She states her symptoms are the same. The pain gets worse with any activity and she gets relief with medication and rest. Examination of the lumbosacral spine reveals she has tenderness over the L4-L5, L5-S1 facet area bilaterally. Facet loading is positive for pain in the lower lumbar region. Straight leg raising is negative. Diagnoses include 1) lumbar spine sprain/strain 2) lumbar facet arthropathy with MRI finding of joint osteoarthritis with minimal multilevel disc protrusions. The claims administrator summarized a consultation report dated 10/14/2014 that was relevant for painful restricted lumbar range of movement with tenderness over facet joints. There are no complaints or positive exam findings involving the cervical or thoracic spine, or the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck chapter: MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The clinical reports indicate that the injured worker does not have any cervical or thoracic spine complaints or positive findings in the upper extremities to suggest cervical or thoracic spine pathology. Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The request for cervical MRI is determined to not be medically necessary.

Thoracic MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Upper Back and Neck chapter: MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The clinical reports indicate that the injured worker does not have any cervical or thoracic spine complaints or positive findings in the upper extremities to suggest cervical or thoracic spine pathology. Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The request for thoracic MRI is determined to not be medically necessary.