

Case Number:	CM14-0188921		
Date Assigned:	11/21/2014	Date of Injury:	05/16/2014
Decision Date:	01/08/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family 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:

This is a 20 year old male patient who sustained a work related injury on 5/16/14. Patient sustained the injury when a coworker cut the belt on a palette containing box of broccoli and apparently five to six boxes full of broccoli fell on to the patient. The current diagnoses include cervicgia, lumbar sprain and strain, thoracic sprain and strain, myofascial pain, sacroiliac joint dysfunction, and chronic pain, per the doctor's note dated 10/13/14, patient has complaints of pain at 6/10. Physical examination revealed Faber test and pelvic compression test were positive on the left, tenderness on the lumbar L4-L5 spinous process, tenderness on the cervical and thoracic spinous process, 4/5 strength and normal sensation. The current medication lists include Dendracin lotion. The patient has had X-ray of the pelvis dated 05/16/14 that revealed no acute bony abnormalities; Chest x-ray dated 05/16/14 that revealed a low degree of inspiration; CT scan of the cervical spine dated 05/16/14 that revealed no acute bony abnormalities involving the Cervical spine, CT scan of the head dated 05/16/14 that revealed no acute intracranial abnormalities; CT scan of the thoracic and lumbar spine dated 05/16/14 documented no acute bony abnormalities involving the thoracic or lumbar spine; CT scan of the chest dated 05/16/14 documented no definite acute abnormalities; CT scan of the abdominal and pelvis dated 05/16/14 documented no definite acute abnormalities. The patient received injection in the left hip, which provided relief for an hour. Other therapy done for this injury was not specified in the records provided. The patient has used a TENS unit. Per the doctor's note dated 10/13/14, patient has complaints of pain at 6/10. Physical examination revealed Faber test and pelvic compression test were positive on the left, tenderness on the lumbar L4-L5 spinous process, tenderness on the cervical and thoracic spinous process, 4/5 strength and normal sensation. The current medication lists include Dendracin lotion. The patient has had X-ray of the pelvis dated 05/16/14 that revealed no acute bony abnormalities; Chest x-ray dated 05/16/14 that revealed a low degree of

inspiration; CT scan of the cervical spine dated 05/16/14 that revealed no acute bony abnormalities involving the Cervical spine, CT scan of the head dated 05/16/14 that revealed no acute intracranial abnormalities; CT scan of the thoracic and lumbar spine dated 05/16/14 documented no acute bony abnormalities involving the thoracic or lumbar spine; CT scan of the chest dated 05/16/14 documented no definite acute abnormalities; CT scan of the abdominal and pelvis dated 05/16/14 documented no definite acute abnormalities. The patient received injection in the left hip, which provided relief for an hour. Other therapy done for this injury was not specified in the records provided. The patient has used a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014), MRI (Magnetic Resonance Imaging), Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The patient has had CT scan of the cervical region for this injury. Any significant change in the patient's condition since this imaging study that would require a repeat imaging study was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neuro compression, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided therefore the request for MRI of the Cervical Spine is not medically necessary.

MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 08/04/2014), MRI (Magnetic Resonance Imaging), Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags."The patient has had CT scan of the thoracic region for this injury. Any significant change in the patient's condition since this imaging study that would require a repeat imaging study was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided.A report of a recent thoracic spine plain radiograph was also not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided Previous PT notes were not specified in the records provided.The records submitted contain no accompanying current PT evaluation for this patient.A plan for an invasive procedure of the thoracic spine was not specified in the records provided therefore the request for MRI of the thoracic Spine is not medically necessary. The patient has had CT scan of the thoracic region for this injury Any significant change in the patient's condition since this imaging study that would require a repeat imaging study was not specified in the records provided.Patient does not have any severe or progressive neurological deficits that are specified in the records provided.The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided.A report of a recent thoracic spine plain radiograph was also not specified in the records provided.The details of PT or other types of therapy done since the date of injury were not specified in the records provided Previous PT notes were not specified in the records provided.The records submitted contain no accompanying current PT evaluation for this patient.A plan for an invasive procedure of the thoracic spine was not specified in the records providedThe request for MRI of the thoracic Spine is not fully established for this patient.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (updated 08/22/2014), MRI (Magnetic Resonance Imaging), Indications for Imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 11/21/14) MRIs (magnetic resonance imaging)

Decision rationale: Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." The patient has had CT scan of the lumbar region for this injury. Any significant change in the patient's condition since this imaging study that would require a repeat imaging study was not specified in the records provided. Patient did not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. A detailed response to complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided therefore the request of the MRI of the lumbar spine is not medically necessary.