

Case Number:	CM14-0195891		
Date Assigned:	12/03/2014	Date of Injury:	02/20/2013
Decision Date:	04/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 61 year old female was injured 2/20/13 in an industrial accident involving a fall in which she pulled her neck and back. Currently she is experiencing achy, throbbing shooting pain in the neck, continuous pain in her low back and left hip and sleep disturbances. Her pain intensity is 7/10. Current medications are diazepam, diclofenac ER and tizanidine. Her current medication improves her pain. Diagnoses include chronic pain syndrome; low back pain; leg length inequality; myofascial pain and degeneration of intervertebral disc. Treatments included posterior sacroiliac joint injection with significant improvement with back pain and acupuncture. She has had a trial of sacroiliac joint belt and a 3/8 inch lift to her right shoe which helped her feel more secure in her walking. Diagnostic included MRI of the cervical spine, electromyography/ nerve conduction study of the upper extremity. The treating provider requested upright cervical and lumbar MRI. On 10/24/14 Utilization Review non-certified the requests for upright MRI of the cervical and lumbar spine citing ACOEM regarding cervical spine MRI request and no red-flag conditions and citing ACOEM and ODG for lumbar MRI with limited evidence of progressive neurological findings or significant change in ongoing status and no report of surgical planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upright MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 171-172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Standing MRI.

Decision rationale: The injured worker is being treated for chronic neck pain. Pertinent positives revealed by records review includes muscle weakness and pain. There are no reports of red flags for serious conditions, history of recent trauma or progressive neurologic symptoms. Nor is there evidence of spinal stenosis or history of surgical complications all of which comprise the diagnostic criteria for indications for MRI of the cervical spine. Official disability guidelines further indicates that standing MRIs are not recommended over conventional MRIs. Therefore the request for standing cervical MRI is not medically necessary as the injured worker does not meet the criteria described in the MTUS or ODG.

Upright MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Standing MRI.

Decision rationale: The injured worker is being treated for degenerative disc disease and associated low back pain, myofascial pain and leg length discrepancy. Examination reveals trigger points in the left paraspinal muscle, sacroiliac joint tenderness and abnormal sensation in the L5-S1 dermatomes on the left. The MTUS citation listed provides specific indications for imaging in cases of low back pain. The treating physician has not described the clinical evidence of significant pathology or red flag conditions. Specific indications for surgery are not present. Official disability guidelines further indicates that standing MRIs are not recommended over conventional MRIs. The MRI is not medically necessary as the injured worker does not meet the criteria described in the MTUS or ODG.