

Case Number:	CM14-0196542		
Date Assigned:	12/04/2014	Date of Injury:	09/01/2011
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 Practice 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 48 year old female whose date of injury was on 9/1/2001. The diagnosis is spondylosis with myelopathy lumbar region and sacroiliitis (S1) dysfunction. The mechanism of injury is not noted in the record submitted for review. The MD office note documents continued low back pain and radiating left leg pain. An MRI 10/3/14 documented multilevel lumbar spondylosis from L2-S1 and EMG 09/25/14 confirmed bilateral S1 and L5 radiculopathy. The documents submitted for review do not state any complaints of thoracic or neck pain, or exam findings suggesting upper spine pathology. This request is not supported by CA MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI on the Cervical Spine without Contrast as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Regarding request for MRI, guidelines state 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. Request is not reasonable as there is no indication that there has been failure of conservative therapy, or that there are red flags or that symptoms are severe or there is progressive neurologic deficit. Therefore the request is not medically necessary.