

Case Number:	CM14-0199325		
Date Assigned:	12/09/2014	Date of Injury:	03/19/2002
Decision Date:	01/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine and Rehabilitation, 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:

The injured worker is a 51-year-old female who reported an injury on 03/19/2010. The mechanism of injury reportedly occurred as work related stress. Her current diagnoses included cervical and lumbar strain. Her past treatments included medications, acupuncture, and work restrictions. A right hand x-ray on an unknown dated, per the clinical note of 09/29/2014, was normal. Surgical history was noncontributory. On 09/29/2014, the injured worker presented with worsening low back pain requesting medication. Upon examination of the lumbar spine, tenderness to palpation was noted to the low back, restricted back motion was noted, as well as a positive straight leg raise. Her medications were noted to include Norco 10/325 mg 3 times a day #45, Soma 350 mg 3 times a day #45, and Motrin 800 mg #45. The treatment plan included a 2 weeks' supply of her medications, a request for 6 more acupuncture visits, and a request for cervical and lumbar spine magnetic resonance imaging. It was further noted that the injured worker was also advised of the need to take less pain medication and a pain management referral was requested. The rationale for the request was not provided. A Request for Authorization form dated 09/29/2014 was provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Cervical Spine: Upheld

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

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

Decision rationale: The request for 1 MRI of the cervical spine is not medically necessary. The injured worker had worsening low back pain. The clinical note of 09/29/2014 noted that the injured worker had tenderness to the low back, a positive straight leg raise, and restricted back motion. The California MTUS/ACOEM Guidelines state the criteria for ordering imaging studies are emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction. The documentation submitted for review did not include cervical neurological deficits on physical examination. In the absence of the aforementioned documentation, the documentation as submitted does not support the evidence based guidelines. As such, the request for 1 MRI of the cervical spine is not medically necessary.

1 MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for 1 MRI of the lumbar spine is not medically necessary. The injured worker had worsening low back pain. At an examination on 09/29/2014, the injured worker was noted to have tenderness to palpation to the low back, restricted back motion, and a positive straight leg raise. The California MTUS/ACOEM Guidelines state the criteria for ordering imaging studies are emergence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction. There was a lack of documentation in the clinical notes of any red flags or physiologic evidence of tissue insult to warrant a MRI. In the absence of the aforementioned documentation, the documentation as submitted does not support the evidence based guidelines. As such, the request for 1 MRI of the cervical spine is not medically necessary.