

Case Number:	CM14-0208903		
Date Assigned:	12/22/2014	Date of Injury:	12/20/2013
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 years old male patient who sustained an injury on 12/20/2013. He sustained the injury when he was charged by a bull, striking him on the right side of the rib cage and causing him to fall, hitting his head against the metal fence. The current diagnoses include cervical spine strain/sprain rule out herniated cervical disc with radiculitis/radiculopathy; left shoulder strain/sprain rule out tendinitis impingement, rotator cuff tear; lumbar spine strain/sprain rule out herniated lumbar disc; cephalgia; right knee strain/sprain rule out internal derangement; chest contusion; history of diabetes; complaints of blurred vision/floaters, vertigo, and impaired balance; symptoms of anxiety and depression; and memory loss. Per the doctor's note dated 10/30/14, he had complaints of pain in the bilateral hands, left hip pain, cervical spine pain, lumbar spine pain, right knee pain, and left shoulder pain. The physical examination revealed lumbar spine- flexion 45 degrees, extension 15 degrees, and bending to the right and to the left 30 degrees; positive straight leg raise test at 70 degrees, bilaterally, paraspinal tenderness with paraspinal spasms, hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L4, L5, and S1 dermatome, on the right; right knee range of motion, flexion 120 degrees, 2 degrees of varus and valgus, positive McMurray' s test positive chondromalacia patella compression test. The medications list includes anaprox, fexmid, norco, ultram and prilosec. He has had MRI of the Brain dated 03/11/2014 which revealed that there is an abnormal T2 hypersensitivity in the white matter of the left frontal area, possibly related to the trauma, measuring 5x 14mm, a 14-mm discrete scalp lesion in the high right posterior parietal region, as

well as prosthetic versus a deformed right eye. He has had physical therapy visits for this injury. He has had urine drug screen on 5/22/14, 7/3/14, 8/7/14, 9/18/14 and 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines "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, computer tomography [CT] for bony structures)."The records provided do not specify any progression of neurological deficits for this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. The medical necessity of 1 MRI of the Lumbar Spine is not fully established for this patient at this juncture.

1 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head

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

Decision rationale: Per the ACOEM chapter 8 guidelines cited above "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." The ACOEM chapter 8 guidelines cited above 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 records provided did not specify any progression of neurological deficits in this patient. 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. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. A recent cervical spine x-ray report is also not specified in the records provided. The medical necessity of 1 MRI of the cervical spine is not established for this patient.