

Case Number:	CM14-0027386		
Date Assigned:	06/13/2014	Date of Injury:	10/21/2009
Decision Date:	04/01/2015	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/04/2014

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 10/21/2009. On 3/4/14, the injured worker submitted an application for IMR for review of open MRI of the cervical spine, lumbar spine and left knee. The treating provider progress notes dated 1/10/14 does not document the injured worker had complaints on this date. The diagnoses have included cervicgia, pain in joint lower leg, unspecified thoracic/lumbar neuritis, lumbago, sprain/strain right wrist/hand, sprain/strain right shoulder; sprain/strain left hip, sprain/strain left knee, cervical spine sprain/strain, and lumbar sprain/strain. Treatment to date has included physical therapy, x-rays lumbosacral and cervical spine (no date), right cervical spine, shoulder and wrist x-rays (9/10/13). On 1/28/14 Utilization Review non-certified open MRI of the cervical spine, lumbar spine and left knee. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines, Neck and Upper Back chapter, Magnetic resonance imaging.

Decision rationale: The patient presents with unspecified complaints. The only documentation included was PR2 dated 01/10/14, though said progress report does not include subjective complaints or objective findings specifies an attached page, which was not included with the reports provided. The patient's date of injury is 10/21/09. Patient has no documented surgical history directed at this complaint. The request is for OPEN MRI OF THE CERVICAL SPINE. The RFA is dated 01/10/14. Physical examination dated 01/10/14 does not provide any physical findings, specifies unattached page for further information. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 01/10/14 describes findings of undated X-rays of lumbar spine, cervical spine, and left knee: "C5-7 sever narrow rad b shldr, L/S multi level DDD lysthes-i scoli degen scoli ~15 deg rad L glute, L knee MM-tear" [sic]. Progress note dated 01/10/14 advises patient to remain off work until an unspecified date. ODG Guidelines, Neck and Upper Back chapter, Magnetic resonance imaging states: "Not recommended except for indications list below. Indications for imaging -- MRI: Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit. "In regards to the request for MRI imaging to be performed on the cervical spine, treater has not provided any subjective complaints or examination on the progress reports. The diagnoses list cervicgia as the only relevant information for the requested MRI of C-spine. The patient apparently did have an X-ray showing degenerative changes. ACOEM and ODG require significant neurologic signs or symptoms to warrant an MRI. There are no red flags, radicular symptoms, exam findings requiring an MRI. The request IS NOT medically necessary.

Open MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Magnetic resonance imaging.

Decision rationale: The patient presents with unspecified complaints. The only documentation included was PR2 dated 01/10/14, though said progress report does not include subjective complaints or objective findings specifies an attached page, which was not included with the reports provided. The patient's date of injury is 10/21/09. Patient has no documented surgical history directed at this complaint. The request is for OPEN MRI OF THE LUMBAR SPINE. The RFA is dated 01/10/14. Physical examination dated 01/10/14 does not provide any physical findings, specifies unattached page for further information. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 01/10/14 describes findings of undated X-rays of lumbar spine, cervical spine, and left knee: "C5-7 sever narrow rad b shldr, L/S multi level DDD lysthes-i scoli degen scoli ~15 deg rad L glute, L knee MM-tear" [sic]. Progress note dated 01/10/14 advises patient to remain off work

until an unspecified date. ODG Guidelines, Low back chapter, Magnetic resonance imaging states "MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation."In regards to the request for MRI imaging to be performed on the lumbar spine, treater has not provided any subjective complaints or examination on the progress reports. The diagnoses list multi-level lumbar DDD as the only relevant information for the requested MRI of L-spine. The patient apparently did have an X-ray showing degenerative changes. ACOEM and ODG require significant neurologic signs or symptoms to warrant an MRI. There are no red flags, radicular symptoms, exam findings requiring an MRI. The request IS NOT medically necessary.

Open MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines, Knee and Leg chapter, Magnetic resonance imaging.

Decision rationale: The patient presents with unspecified complaints. The only documentation included was PR2 dated 01/10/14, though said progress report does not include subjective complaints or objective findings specifies an attached page, which was not included with the reports provided. The patient's date of injury is 10/21/09. Patient has no documented surgical history directed at this complaint. The request is for OPEN MRI OF THE LEFT KNEE. The RFA is dated 01/10/14. Physical examination dated 01/10/14 does not provide any physical findings, specifies unattached page for further information. The patient's current medication regimen was not provided. Diagnostic imaging was not included, though progress note dated 01/10/14 describes findings of undated X-rays of lumbar spine, cervical spine, and left knee: "C5-7 sever narrow rad b shldr, L/S multi level DDD lysthes-i scoli degen scoli ~15 deg rad L glute, L knee MM-tear" [sic]. Progress note dated 01/10/14 advises patient to remain off work until an unspecified date.ODG Guidelines, Knee and Leg chapter, Magnetic resonance imaging states: "Indications for imaging MRI: Acute trauma to the knee, including significant trauma , or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic . If additional imaging is necessary, and if internal derangement is suspected. Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement."In regards to the request for MRI imaging to be performed on the knee, treater has not provided any subjective complaints or examination on the

progress reports. The patient apparently did have an X-ray showing degenerative changes, but without a clearer picture of this patient's clinical presentation such imaging cannot be substantiated. There are no red flags or exam findings requiring an MRI. The request IS NOT medically necessary.