

Case Number:	CM14-0048570		
Date Assigned:	06/25/2014	Date of Injury:	08/07/2012
Decision Date:	01/02/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/28/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 64 year old patient with date of injury of 08/07/2012. Medical records indicate the patient is undergoing treatment for cervical discopathy, carpal tunnel/double crush, bilateral shoulder internal derangement, lumbar segmental instability, and radiculitis with generalized weakness, plantar fasciitis and electrodiagnostic evidence of L5-S1. Subjective complaints include bilateral shoulder, hands, knees, ankle and foot pain, low back pain with extension of the bilateral lower extremities. Objective findings include tenderness at the cervical paravertebral muscles and the upper trapezial muscles with spasm. There was painful and restricted cervical range of motion. Exam of the shoulder revealed tenderness at the glenohumeral joint, a positive Hawkin's and impingement sign and pain with terminal motion. The hands revealed a positive palmar compression test subsequent to Phalens maneuver and reproducible symptoms in the median nerve distribution. There was tenderness in the lumbar paravertebral muscles, pain with terminal movement and seated nerve root test was positive. The worker was noted to have a slow guarded gait. There was pain in the bilateral knees and feet but no signs of instability. Treatment has consisted of Tramadol, acupuncture, B12 injections, physical therapy, and lumbar epidural block. The utilization review determination was rendered on 03/04/2014 recommending non-certification of MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,305. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition, Web, Low back, 2013, MRI:Official Disability Guidelines, 11th edition, Low back, 2013,MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when "cuada equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery" ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags". ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions." ODG lists criteria for low back and thoracic MRI, "indications for imaging -- Magnetic resonance imaging. The documentation that was reviewed did not contain a clear and significant change in the worker's neurologic function and symptoms and repeat magnetic resonance imaging are not indicated. The medical notes provided indicate that this patient had a previous MRI. Documentation does not contain any significant changes in neurological function and symptoms, the treating physician did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of lumbar spine is not medically necessary.