

Case Number:	CM14-0080298		
Date Assigned:	07/18/2014	Date of Injury:	02/08/2012
Decision Date:	02/27/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/31/2014

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 55 year old female with a date of injury 2/8/2012. Her diagnoses included chronic pain, fibromyalgia, depressive disorder multilevel lumbar spondylosis, multilevel cervical spondylosis, and status post left shoulder and left knee arthroscopies. Physician progress notes dated 11/20/13 - 4/22/2014 were reviewed. The IW consistently reported pain in her neck, left shoulder, low back and left knee. Physical examination of the cervical spine revealed positive Jackson's and Hoffman's in the left neck with decreased sensation in C5-C6 dermatome. Lumbar spine examination documented decreased range of motion, decreased straight leg raise bilaterally with a positive left Braggard and sciatic notch signs. The IW was noted to use a cane with walking and had decreased sensation in L5 distribution on the left. Treatments included percutaneous peripheral nerve stimulation, oral medications, physical therapy, arthroscopic surgeries, and referral to a chronic pain program. On April 22, 2014 the provider requested authorization of an updated MRI of the cervical and lumbar spine. The beneficiary was to remain off work. On May 9, 2014 UR non-certified the request for a lumbar MRI citing CA MTUS ACOEM as well as ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12, Low Back Complaints Page(s): 292-296. Decision based on Non-MTUS Citation Low Back -Thoracic and Lumbar

Decision rationale: Imaging studies are indicated in cases in which there is direct trauma to the back and suspicion for fracture or other occult injuries are high. Additionally, imaging modalities are recommended if there is documented radiculopathy, objective findings of myelopathy, or progressive neurologic deficit and failed conservative management. In this case, the IW examination findings do not provide objective evidence of a specific nerve root compromise or spinal cord dysfunction, nor is there documentation of progression of neurologic findings. ODG guidelines state "repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." This is not evident in the documents reviewed. Lumbar MRI is not medically necessary and appropriate.