

Case Number:	CM15-0100894		
Date Assigned:	06/03/2015	Date of Injury:	02/11/2008
Decision Date:	07/01/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: 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 is a 58 year old female, who sustained an industrial injury on 02/11/2008. She has reported subsequent low back, bilateral lower extremity and right knee pain and was diagnosed with lumbar radiculopathy, right knee pain, osteoarthritis, chronic pain and bilateral hip avascular necrosis. Treatment to date has included oral pain medication, TENS unit and acupuncture. In a progress note dated 04/23/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities and right knee pain. Objective findings were notable for a slow gait, spinal vertebral tenderness at C5-C7, decreased sensation in the bilateral upper extremities, spasm in L4-S1 bilateral paraspinous musculature with tenderness to palpation, decreased range of motion of the lumbar spine with pain and decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. A request for authorization of MRI of the cervical spine was submitted to further evaluate persistent pain and symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI of the cervical spine without contrast , is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has low back pain radiating to the bilateral lower extremities and right knee pain. Objective findings were notable for a slow gait, spinal vertebral tenderness at C5-C7, decreased sensation in the bilateral upper extremities, spasm in L4-S1 bilateral paraspinous musculature with tenderness to palpation, decreased range of motion of the lumbar spine with pain and decreased strength of the extensor muscles along the L4-S1 dermatome in the bilateral lower extremities. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength of the upper extremities. The criteria noted above not having been met, MRI of the cervical spine without contrast is not medically necessary.