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| Case Number: | CM15-0016486 | | |
| Date Assigned: | 02/04/2015 | Date of Injury: | 11/28/2013 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 01/28/2015 |

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: 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:

The injured worker was a 54 year old male, who sustained an industrial injury, November 28, 2013. The injury was sustained when pulling out a heavy tray of meals backwards when the injured worker slipped on the wet floor. The injured worker fell backwards and struck the mild upper back and the left elbow area. According to progress note of December 12, 2014, the injured workers chief complaint was left shoulder pain. EMG/NCS (electromyography and nerve conduction studies) were completed of the bilateral upper extremities, which was normal, on July 2, 2014. On November 13, 2014, the physical exam noted tenderness in bilateral shoulders, neck strain/sprain, elbows and lumbar spine. The injured worker was diagnosed with contusion to back, strain elbow/forearm, contusion elbow, left medial and lateral epicondylitis, right De Quervain's tenosynovitis, muscle spasms, fractures elbow with small chip, strain wrist at carpal joint and strain right shoulder/upper arm. The injured worker previously received the following treatments right De Quervain's injection, Naproxen, wrist brace, orphenadrine, ice packs, tennis elbow support, EMG/NCS (electromyography and nerve conduction studies) July 2, 2014 of the bilateral upper extremities, physical therapy 2 sessions which did not help, physical therapy for the left shoulder in November 2014. On January 8, 2015, the primary treating physician requested MRI with contrast of the lumbar spine and an MRI with contrast of the cervical spine for continued pain in the neck and lumbar spine. On January 19, 2015, the UR denied authorization for MRI with contrast of the lumbar spine and an MRI with contrast of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to guidelines it states 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. According to the medical records there is no documentation of why an MRI is needed and thus is not medically necessary.

MRI for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to guidelines it states If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. According to the medical records there is no indication as to why an MRI is needed and thus not medically necessary.