

Case Number:	CM15-0136173		
Date Assigned:	07/24/2015	Date of Injury:	05/28/2014
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: Preventive Medicine, Occupational 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 44 year old female who sustained an industrial injury on 5/28/14 from a motor vehicle accident that occurred while the injured worker was stopped and the car in front of her reversed and struck her vehicle causing neck pain, bilateral shoulder pain, and bilateral hand/wrist pain. She was diagnosed with cervical spine sprain/strain, rule out cervical spine intervertebral disc disorder with radiculopathy at C6-7. The injured worker was ordered medications, physical therapy of the cervical spine, chiropractic treatments, MRI of the cervical spine. She currently complains of debilitating neck pain and right upper extremity radicular pain with much of the pain at the C6 distribution from the right side of her neck radiating to medial scapular region, down her arm and into the 1st, 2nd and 3rd digit. She displays some myospasm at the trapezius muscle of her right shoulder. On physical exam of the cervical spine there was tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points that were palpable and tender and decreased range of motion; lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity throughout the lumbar paraspinal muscles and decreased range of motion. Medications were Anaprox, Prilosec, Ultracet. Diagnoses include cervical nucleus pulposus with right C5-6 foraminal stenosis and right upper extremity radiculopathy; lumbar herniated nucleus pulposus with central canal stenosis; medication induced gastritis. Treatments to date include medications; physical therapy; trigger point injections into the cervical and trapezius musculature (2/24/15); chiropractic treatments. Diagnostics include MRI of the cervical spine (9/14/14) showing disc desiccation, disc protrusion; MRI of the lumbar spine (2/28/15) showed disc protrusions, mild disc desiccation;

electromyography (1/20/15) showed evidence of acute C6 radiculopathy on the right. In the progress note dated 2/24/15 the treating provider's plan of care included a request for MRI of the lumbar spine with flexion/ extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI of the lumbar spine without contrast /with flexion extension (DOS 02/24/2015): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar: MRI.

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/Standing MRI-Dynamic Spine Visualization.

Decision rationale: MTUS Guidelines do not address this issue of adding flexion/extension views to a standard MRI test. ODG Guidelines directly address this issue and do not support the use of flexion/extension views in addition to standard MRI scanning of the lumbar spine. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Retrospective MRI of the lumbar spine without contrast /with flexion extension (DOS 02/24/2015) is not supported by Guidelines and is not medically necessary.