

Case Number:	CM15-0148154		
Date Assigned:	08/11/2015	Date of Injury:	11/08/2014
Decision Date:	09/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, Florida, 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 59 year old female with an industrial injury dated 11-08-2014. The injury is documented as a fall resulting in immediate low back, cervical spine and bilateral shoulder pain. Her diagnoses included cervical spine sprain-strain, bilateral carpal tunnel syndrome, and bilateral shoulder internal derangement, and thoracic spine sprain-strain, lumbar spine sprain-strain rule out facet syndrome, reported coccyx fracture and costochondritis. Prior treatment included physical therapy, medications MRI, steroid medication, and acupuncture. Comorbid condition was ovarian cancer with hysterectomy in 2005. Physical exam noted pain with cervical spine range of motion. Spinous process was tenderness with paravertebral muscle spasm. Upper extremity sensation was normal. There was pain with lumbar range of motion. The treatment request is for physical therapy of the cervical spine, lumbar spine and bilateral shoulders; MRI of the cervical, lumbar spine and bilateral shoulders and pain management evaluation. "The patient is to remain temporarily and totally disabled from work until 08-15-2015." The treatment request for review is for 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Internet version 2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine Page 303, Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRI.

Decision rationale: This claimant was injured in 2014 with diagnoses of cervical spine sprain-strain, bilateral carpal tunnel syndrome, and bilateral shoulder internal derangement, and thoracic spine sprain-strain, lumbar spine sprain-strain rule out facet syndrome, reported coccyx fracture and costochondritis. There had been past MRI of unknown findings. This is a request for another. There was pain with lumbar range of motion. There is no reported change in objective neurologic signs. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "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." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. It can be said that ACOEM is intended for more acute injuries; therefore other evidence-based guides were also examined. The ODG guidelines note, in the Low Back Procedures section: Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit); Uncomplicated low back pain, suspicion of cancer, infection; Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383) (Andersson, 2000) Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome. These criteria are also not met in this case; the request was appropriately non-certified under the MTUS and other evidence-based criteria.