

Case Number:	CM15-0169133		
Date Assigned:	09/09/2015	Date of Injury:	09/28/2014
Decision Date:	10/07/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on September 28, 2014, incurring low back and right knee injuries. Lumbar Magnetic Resonance Imaging revealed disc herniation. She had no prior history of illness or injuries related to her injuries. She was diagnosed with lumbar disc disease with lumbar herniation, right lumbar radiculopathy, and right neuro-foraminal narrowing. She underwent surgical lumbar micro-discectomy on November 28, 2014. She noticed decreased pain after her surgery. Treatment included physical therapy and home exercise program, pain medications, neuropathic medications, transcutaneous electrical stimulation unit and work restrictions. Currently, the injured worker continues to have low back pain while sitting, walking, standing and bending. She had progressive weakness of the right lower extremity with continued pain. She rated her pain 5 out of 10 with activity and pain increased with walking and standing and decreased with medications and rest. The injured worker also complained of pain in her shoulder blades radiating into the right arm and hand with numbness and tingling of the right hand. The injured worker had limited range of motion in the shoulder but with intact sensation. She noted difficulty with lifting, carrying and reaching. The injured worker had increased pain interfering with her activities of daily living, dressing and grooming. The treatment plan that was requested for authorization, on August 27, 2015, included a Magnetic Resonance Imaging of the cervical spine without contrast. On July 31, 2015, the Magnetic Resonance Imaging of the cervical spine was not approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates the patient reported shoulder symptoms with clinical findings of lower cervical spine tenderness and mild deltoid weakness of 4+/5 due to pain; otherwise with intact DTRs, motor strength, and sensation in upper extremities. Diagnosis pertains to the shoulder joints. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study without neurological deficit in bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI cervical spine without contrast is not medically necessary and appropriate.