

Case Number:	CM15-0193553		
Date Assigned:	10/07/2015	Date of Injury:	07/09/2014
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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 51 year old male, who sustained an industrial injury on 7-9-14. He is diagnosed with lumbar spine multi-ligamentous sprain-sprain and lumbago. His work status is temporary total disability. Notes dated 7-16-15 - 8-25-15 reveals the injured worker presented with complaints of low back pain that increases with prolonged standing and walking. He reports thoracic spine pain that radiates into his lower back and numbness at the "inferior aspect" of his rib cage down. His pain is rated at 7-9.5 out of 10. His pain is described as burning, pins and needles and numbness across his abdomen, aching and numbness across the pelvic and inguinal regions and burning and numbness across the lower back, buttocks and lower extremities. He also reports sleep disturbance due to the pain. Physical examination dated 7-26- 15 - 8-25-15 revealed altered gait, decreased sensation to "LT and PP in the medial side of the forearms and in lower extremities at L4, L5 distributions." Treatment to date has included opioid medications and cane for ambulation. Diagnostic studies to date have included electrodiagnostic studies (5-18-15), MRI (2014) and x-rays (3-2015). A request for authorization dated 8-26-15 for cervical spine MRI is denied, per Utilization Review letter dated 9-2-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical spine MRI qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: In this case, the injury was now over a year ago, and as documented, consisted of low back pain. As of July, the symptoms described were also all lumbar. This request however, for reasons that are not clinically clear, is for a neck MRI. As it pertains to the neck, there is a lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy for the neck. The guides state: 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. 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. The request is not medically necessary.