

Case Number:	CM15-0198322		
Date Assigned:	10/13/2015	Date of Injury:	07/08/2015
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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 34 year old female, who sustained an industrial injury on 7-8-2015. She reported injuries to the neck and back from a motor vehicle accident. Diagnoses include thoracic sprain-strain, cervical sprain, bilateral shoulder impingement, and left knee sprain-strain. Treatments to date include activity modification and medication therapy. On 8-26-15, she complained of pain rated 7-8 out of 10 VAS in the neck associated with headaches, and low back pain, also rated 7-8 out of 10 VAS. She also reported difficulty sleeping and depression, stress, and anxiety. Current medications included Cyclobenzaprine, Ibuprofen, Methocarbamol, Motrin, and topical salicylate ointment. The physical examination documented tenderness in the cervical muscles with restricted range of motion and decreased sensation in the right upper extremity. There was tenderness to bilateral biceps tendons and restricted range of motion. The lumbar spine was tender with spasms noted and restricted range of motion. The plan of care included physical therapy sessions and a lumbar spine MRI. The appeal requested authorization for a lumbar spine MRI. The Utilization Review dated 9-15-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic Chapter, under MRI's Low Back - Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

Decision rationale: The patient was injured on 07/08/15 and presents with neck pain and back pain. The request is for a MRI of the Lumbar Spine. The RFA is dated 08/26/15 and the patient is not currently working. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. MTUS/ ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back - Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back - Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements, See Range of motion (ROM); Flexibility. For spinal instability, may be criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient has tenderness to palpation of the paraspinal muscles and a restricted lumbar spine range of motion. She is diagnosed with thoracic sprain-strain, cervical sprain, bilateral shoulder impingement, and left knee sprain-strain. Treatment to date includes activity modification and medication therapy. The reports provided do not indicate if the patient had a prior MRI of the lumbar spine. Although the patient does present with lumbar spine pain and has not had a prior MRI of the lumbar spine, there is no indication of any radicular symptoms indicative of neurologic sign/symptom. Therefore, the requested MRI of the lumbar spine is not medically necessary.