

Case Number:	CM15-0206732		
Date Assigned:	10/23/2015	Date of Injury:	01/10/2002
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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 was a 56 year old female, who sustained an industrial injury, January 10, 2002. The injured worker was undergoing treatment for cervicalgia, cervical radiculopathy and low back pain with sciatica on the right. According to progress note of October 12, 2015, the injured worker's chief complaint was neck pain, right arm pain, right low back pain and right leg pain. The injured worker was having continuing pain in her neck, right upper extremity, and low back and right lower extremity. The neck pain radiated into the right shoulder, lateral arm and dorsoradial forearm to the hand. The low back pain radiated into the posterior thigh to the lateral calf. The physical exam of the cervical spine noted no paraspinous tenderness with palpation. The lumbar spine noted tenderness with palpation of the midline low back and both sides of the S1 joints. The straight leg raises were negative bilaterally. The injured worker walked with a normal gait. According to the assessment note the injured worker's symptoms have not changed over significantly over the past 6 months. The injured worker previously received the following treatments Norco, x-rays of the lumbar spine showed solid fusion of L4-L5 and L5-S1 on August 4, 2015 and x-rays of cervical spine showed solid fusion of C7-T1 on August 4, 2015. The RFA (request for authorization) dated October 13, 2015; the following treatments were requested a lumbar spine MRI without contrast and a cervical spine MRI without contrast. The UR (utilization review board) denied certification on October 20, 2015; for a lumbar spine MRI without contrast and a cervical spine MRI without contrast per October 12, 2015 order.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine, without contrast: 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, Summary.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has had an MRI in the past but results and reports were not submitted for review. Justification for MRI merely claims that patient has "increasing" pain which is not supported by any objective measure since all pain assessment and baseline function does not appear changed for at least 6months. MRI of lumbar spine is not medically necessary.

MRI of cervical spine, without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has had an MRI in the past but results and reports were not submitted for review. Justification for MRI merely claims that patient has "increasing" pain which is not supported by any objective measure since all pain assessment and baseline function does not appear changed for at least 6months. MRI of cervical spine is not medically necessary.