

Case Number:	CM15-0208152		
Date Assigned:	10/27/2015	Date of Injury:	06/06/1991
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 66-year-old female, who sustained an industrial injury on 6-6-91. The injured worker was being treated for chronic pain syndrome, lower back pain, lumbar-thoracic radiculopathy, neck pain and cervical radiculopathy. On 9-15-15, the injured worker complains of pain located in lower back with radiation to bilateral legs, knees, thighs and shins and neck pain radiating down both arms and fingers. She rates the pain 6.5 out of 10. Physical exam performed on 9-15-15 revealed cervical paraspinal tenderness, cervical facet tenderness at C5-T1, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1 and positive lumbar facet loading maneuvers. Treatment to date has included oral medications including Flexeril 7.5mg, Actiq 4000mcg and Oxycontin40mg; physical therapy, home exercise program and activity modifications. The treatment plan included request for MRI of cervical-thoracic-lumbar spine. On 10-13-15 MRI of cervical-thoracic-lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical, thoracic and lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

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: According to the ACOEM criteria for ordering an MRI for cervical, thoracic or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), 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. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. An EMG or NCS can obtain such information. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical, thoracic or lumbar spine is not medically necessary.