

Case Number:	CM15-0039254		
Date Assigned:	03/09/2015	Date of Injury:	10/19/2011
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 27-year-old male, who sustained an industrial injury on 10/19/2011. Initial complaints reported included right shoulder and right knee pain. The injured worker was diagnosed as having cervical disc herniation and ruptured disc with leaking spinal fluid, herniated disc in the lumbar spine, right meniscus tear, and right Superior Labrum Anterior and Posterior (SLAP) tear. Treatment to date has included conservative care, medications, cervical and lumbar injections, right knee surgery, right shoulder SLAP tear repair, and physical therapy. Currently, the injured worker complains of increased neck pain radiating to the shoulder and trapezius region, and intermittent radiation into the occipital area resulting in headaches and dizziness, cramping in the right hand with decreased grip, and lumbar pain radiating into the right lower extremity with intermittent numbness in the thigh. Current diagnoses include thoracic or lumbosacral neuritis, brachial neuritis, and spinal stenosis of the lumbar spine. The current treatment plan includes a MRI of the lumbar spine, MRI of the cervical spine, x-rays of the neck, x-rays of the lower spine, continued use of medications with appropriate refills, and adding Vicodin (short course).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI without dye: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on Non-MTUS Citation official disability guidelines-neck, MRI.

Decision rationale: ODG guidelines support MRI of the neck when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain and indicate neurologic symptoms of decreased grip. As such, the medical records provided for review do support necessity of MRI of cervical spine congruent with ODG guidelines.

Lumbar MRI without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on Non-MTUS Citation official disability guidelines - low back, MRI.

Decision rationale: ODG guidelines support MRI of the back when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but indicate no neurologic symptoms or signs in regard to the lumbar spine, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such, the medical records provided for review do not support necessity of MRI of lumbar spine congruent with ODG guidelines.

Cervical x-rays four views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on Non-MTUS Citation official disability guidelines - neck, radiographs.

Decision rationale: The medical records provided for review support the insured has persistent pain with no response to medications and therapy with reduced ROM on exam. ODG supports radiographs for persistent pain of at least 6 weeks with associated range of motion limitation. Radiograph is supported to evaluate neck pain as previous supported by ODG.

Lumbar x-rays four views: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on Non-MTUS Citation official disability guidelines - low back, radiographs.

Decision rationale: The medical records provided for review support the insured has persistent pain with no response to medications and therapy with reduced ROM on exam. ODG supports radiographs for persistent pain of at least 6 weeks with associated range of motion limitation. Radiograph is supported to evaluate low back pain as previous supported by ODG.