MAXIMUS Federal Services

Case Number:	CM15-0041326		
Date Assigned:	03/11/2015	Date of Injury:	03/30/2009
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York, West Virginia, Pennsylvania
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 is a 51-year-old female, who sustained an industrial injury on 3/30/2009. She reported pain after lifting heavy water cases. The injured worker was diagnosed as having chronic pain syndrome, cervicalgia, brachial neuritis, backache and lumbago. Treatment to date has included work restrictions, rest, heat, physical therapy and medication management. Currently, a progress note from the treating provider dated 12/23/2014 and 1/19/2015 indicates the injured worker reported neck, mid and low back pain and bilateral shoulder and elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine without contrast: Upheld

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

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

Decision rationale: MRI of the cervical spine is indicated in the presence of a red flag, presence of radiculopathy, evidence of tissue insult or neurologic deficit, or clarification of anatomy prior

to an invasive procedure. In this case, there is no evidence of radiculopathy, no plan for surgical intervention, and no acute neurologic deterioration. Thus, the request for MRI cervical spine is not medically appropriate and necessary.

MRI of the Lumbar Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MRI of the lumbar spine is indicated in the presence of a red flag, presence of radiculopathy, evidence of tissue insult or neurologic deficit, or clarification of anatomy prior to an invasive procedure. In this case, there is no evidence of radiculopathy, no plan for surgical intervention, and no acute neurologic deterioration.Thus, the request for MRI lumbar spine is not medically appropriate and necessary.

Right L4-5 TFL ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines for MRI of the lumbar spine require documentation of radiculopathy with imaging to corroborate the diagnosis. In this case, there is no objective evidence of radiculopathy, which would support performance of an epidural steroid injection. Thus, the request for lumbar epidural steroid injection is not medically appropriate and necessary.

Office Visits x 5, from 02/16/2015- 07/16/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Guidelines state that follow up visits occur when a release to modified, increased or full duty is needed or after recovery is expected. In this case, the patient is not expected to receive a release to duty or to have expected recovery. There is no documented opioid management program present that needs to be monitored. The request for continued office visits is not medically necessary and appropriate.