

Case Number:	CM15-0052411		
Date Assigned:	03/25/2015	Date of Injury:	02/07/2015
Decision Date:	05/04/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Treatment to date has included x-rays cervical, thoracic and lumbar spine (2/20/15); medications. Currently, per the PR-2 notes dated 2/25/15, the injured worker complains of intermittent spasms to the lower back, left calf and now the right calf; "medications help a little". The patient has had multiple area of pain and stiffness. Physical examination of the cervical, thoracic and lumbar spine revealed tenderness on palpation and limited range of motion and normal gait. Physical examination of the UE and LE revealed full ROM. The injured worker was prescribed Ibuprofen 800mg oral table one every six hours as needed. Any surgery or procedures related to this injury were not specified in the records provided. Any operative note was not specified in the records provided. The x-rays of the cervical, thoracic and lumbar spine dated 2/20/15 were with normal findings. The provider has requested MRIs of the cervical, thoracic, and lumbar spine without contrast. The patient sustained the injury when she was transferring a patient from bed to wheelchair. Other therapy done for this injury was not specified in the records provided.

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: Decision based on MTUS ACOEM Page(s): 177-179.
Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar and Thoracic MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178 , Page 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Physical examination revealed normal neurological examination. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The records provided do not specify significant objective evidence of consistently abnormal neurological findings including abnormal EDS (electro-diagnostic studies). Findings including abnormal EDS (electro-diagnostic studies). A plan for an invasive procedure of the cervical spine was not specified in the records provided. The medical necessity of the request for MRI of the cervical, thoracic, and lumbar spine without contrast is not fully established for this patient. Therefore, the request is not medically necessary.