

Case Number:	CM15-0055486		
Date Assigned:	03/30/2015	Date of Injury:	04/13/2014
Decision Date:	05/06/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/23/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female, who sustained an industrial injury on 04/13/2014. The initial complaints or symptoms included neck pain radiating to the left upper extremity, low back pain radiating into the left lower extremity with numbness to the left knee. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays of the lumbar spine and left hip, and physical therapy. Currently, the injured worker complains of ongoing lumbar spine pain (left-sided) with radiation into the left lower extremity, and bilateral wrist pain, left arm swelling and numbness. The diagnoses include lumbar strain/sprain with radicular symptoms, cervical strain/sprain with radicular symptoms, sprain/strain of the bilateral wrists, and left wrist mass. The treatment plan consisted of MRIs of the cervical and lumbar spines for radiculopathy and spondylolisthesis, continued home exercises, continued medications, and follow-up.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

Decision rationale: The requested treatment is not supported as there is no evidence of nerve involvement as physical exam does not show any changes in sensation, DTR or strength. Additionally the mechanism of injury sounds more like a repetitive motion injury and not a trauma; MRI of the cervical spine is not required in the work up of a repetitive movement injury. Consequently I do not believe it is medically necessary at this time, however if pain worsens or neurological exam becomes impaired, then cervical MRI would be indicated.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for lumbar MRI is supported due to ongoing chronic radicular symptoms with objective findings of nerve involvement on physical exam includes change in sensation along a dermatomal pattern. Consequently, I do believe it is medically necessary at this time. It appears that the peer reviewer also opined that the requested MRI of the lumbar spine is appropriate based on the guidelines.