

Case Number:	CM15-0081617		
Date Assigned:	05/04/2015	Date of Injury:	10/27/2011
Decision Date:	06/05/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/29/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old female who sustained an industrial injury on 10/02/14. Initial complaints include low back pain. Initial diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include x-rays and a MRI. Current complaints include pain in the neck and back, radiating to the shoulder blades, bilateral arms and hands, buttocks, and hips. Current diagnoses include cervical sprain/strain with myofascitis, intervertebral disc syndrome cervical area, thoracolumbar sprain/strain with myofascitis, sacroilitis, lumbar radiculitis/sciatica, and intractable neck and back pain. In a progress note dated 10/02/14 the treating provider reports the plan of care as a reevaluation, compound pharmaceutical muscle rub, computerized strength and range of motion study, and physical therapy. The requested treatments are MRIs of the cervical and lumbar spines performed on 02/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI cervical spine (DOS: 2/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: The patient is a 57 year old female with an injury on 10/02/2014. She had low back pain and neck pain. She had cervical and lumbar strain/sprain with myofasciitis. In a progress note on the day of injury, MRIs of the cervical spine and lumbar spine were requested and were done on 02/24/2015. There were no red flag signs documented. There was no documentation of failure of conservative treatment at the time the MRI was requested. There was no documentation of progression of new symptoms at the time the MRI was requested. The requested MRI did not meet criteria as noted in MTUS, ACOEM guidelines and was not medically necessary.

Retrospective request for MRI lumbar spine (DOS: 2/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 - 316.

Decision rationale: The patient is a 57 year old female with an injury on 10/02/2014. She had low back pain and neck pain. She had cervical and lumbar strain/sprain with myofasciitis. In a progress note on the day of injury, MRIs of the cervical spine and lumbar spine were requested and were done on 02/24/2015. There were no red flag signs documented. There was no documentation of failure of conservative treatment at the time the MRI was requested. There was no documentation of progression of new symptoms at the time the MRI was requested. The requested MRI did not meet criteria as noted in MTUS, ACOEM guidelines and was not medically necessary.