

Case Number:	CM15-0086329		
Date Assigned:	05/08/2015	Date of Injury:	02/23/2010
Decision Date:	06/12/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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, New York, California

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 applicant is a represented 30-year-old who has filed a claim for chronic neck, low back, and jaw pain reportedly associated with an industrial injury of February 23, 2010. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for lumbar MRI imaging, cervical MRI imaging, and a lumbar support. The claims administrator referenced a RFA form received on April 13, 2015 in its determination, along with a progress note dated April 7, 2015. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported multifocal complaints of neck pain, low back pain, and headaches. The applicant was on Vicodin for pain relief, it was reported. The applicant was off of work, it was suggested. Neck pain complaints were rated at 7-9/10. Radiation of pain to left upper extremity was reported. Radiation of low back pain to left lower extremity was also reported. Ancillary complaints of jaw pain and headaches were reported. The applicant exhibited 5/5 upper and lower extremity strength, it was acknowledged. MRI imaging of the lumbar spine and cervical spine were endorsed for the purposes of ruling out soft tissue pathology. Electro diagnostic of the upper and lower extremities was also sought, along with a TENS unit, lumbar support, consultation with another provider. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the proposed MRI of the cervical spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the cervical spine based on the outcome of the study in question. The fact that multiple MRIs of the cervical and lumbar spines were ordered suggested that the studies were ordered for routine evaluation purposes, with no clearly formed intention of acting on the results of the same. The requesting provider was not, furthermore, a spine surgeon, further reducing the likelihood of the applicant's acting on the results of the test in question. Therefore, the request was not medically necessary.

MRI Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. Rather, as with the preceding request, it appeared that the attending provider was intent on ordering MRI studies of numerous body parts for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The applicant's well-preserved upper and lower extremity motor function argued against any focal nerve root compromise which would warrant any kind of surgical intervention. The fact that the requesting provider was not a spine surgeon reduced the likelihood of the applicant's acting on the results of the test in question. Therefore, the request was not medically necessary.

Custom LSO Brace Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Finally, the request for a custom lumbar support purchase was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of February 23, 2010 as of the date of the request, April 7, 2015. Therefore, the request was not medically necessary.