

Case Number:	CM15-0089757		
Date Assigned:	05/14/2015	Date of Injury:	02/17/2014
Decision Date:	06/15/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina

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:

The injured worker is a 46-year-old female who sustained an industrial injury on 02/14/2014. Current diagnoses include lumbago, displacement of lumbar intervertebral disc without myelopathy, cervicgia, and carpal tunnel syndrome. Previous treatments included medication management. Previous diagnostic studies include an EMG on 02/20/2015 and urine drug screen. Report dated 04/23/2015 noted that the injured worker presented with complaints that included pain in the neck, upper back, right shoulder, and both hands, and also pain in the mid back and lower back that radiates to her legs. There is associated tingling in hands and feet, numbness in legs, and weakness in the left leg. Pain level was 7 out of 10 (current), 5 out 10 (best), 8 out of 10 (worst), and 6 out of 10 (last 7 days) on a visual analog scale (VAS). Physical examination was positive for decreased range of motion in the lumbar spine, tenderness over the bilateral lumbar paraspinal muscles with spasms, positive lumbar facet loading maneuver bilaterally, and positive straight leg raise on the right, diminished sensation in the right L5 and S1 dermatomes and median nerve distribution bilaterally. The treatment plan included requests for a hand surgeon consult, MRI of the cervical spine to rule out intraspinal pathology, Norco, Flexeril, and Docuprene. Disputed treatments include an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes meets criteria as outlined above for imaging of the neck and therefore the request is medically necessary.