

Case Number:	CM14-0113365		
Date Assigned:	09/16/2014	Date of Injury:	03/17/2011
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 37-year-old female who reported an injury on 03/17/2011 due to a filing cabinet falling forward and landing on her. The injured worker has diagnoses of cervical/lumbar discopathy, right carpal tunnel/double crush syndrome, cervicgia, and rule out internal derangement of the right shoulder. Past medical treatment consisted of physical therapy, acupuncture, and medication therapy. On 06/03/2014, the injured worker complained of low back pain. The physical examination revealed that the injured worker's pain rate was 8/10. There was palpable paravertebral muscle tenderness with spasm. A positive axial loading compression test was noted. Spurling's maneuver was positive. The physical examination revealed the injured worker had a range of motion limited with pain. There was a positive seated nerve root test. Standing flexion and extension were guarded and restricted. It was noted that sensation and strength were 4. The medical treatment is for the injured worker to undergo an MRI of the cervical spine and lumbar spine. The rationale and Request for Authorization from were not submitted for review.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179..

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The ACOEM Guidelines indicate that criteria for ordering imaging studies include: an emergence of a red flag, physiological evidence of a tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurological findings on physical examination, electro diagnostic studies, laboratory testing, or bone scans. There was no indication in the submitted documentation of the emergence of red flag. Additionally, there was no physiologic evidence of tissue insult or neurological dysfunction. It was unclear in the submitted documentation if the injured worker had tried and failed any first line conservative treatment. Additionally, the physical examination lacked any evidence of definitive neurological findings. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

MRI lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305..

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The ACOEM Guidelines state the unequivocal objective findings identifying specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. However, it is also stated that when the neurological examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering any imaging studies. The ACOEM Guidelines indicate that criteria for ordering imaging studies include: an emergence of a red flag, physiological evidence of a tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurological findings on physical examination, electro diagnostic studies, laboratory testing, or bone scans. There was no indication in the submitted documentation of the emergence of red flag. Additionally, there was no physiologic evidence of tissue insult or neurological dysfunction. It was unclear in the submitted documentation if the injured worker had tried and failed any first line conservative treatment. Additionally, the physical examination lacked any evidence of definitive neurological findings. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.