

Case Number:	CM14-0121272		
Date Assigned:	08/06/2014	Date of Injury:	06/20/2012
Decision Date:	10/09/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 is licensed to practice in California. 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 51 year old male who suffered an industrial injury on June 20, 2012 while working as a carpenter. The most recent progress note by a treating orthopedic physician, dated July 9, 2014, indicate the injured worker complains of neck, low back and shoulder pain. Physical exam reveals cervical range of motion intact, tenderness across trapezius and cervical paraspinal musculature, tenderness between parascapular regions bilaterally, and spasm noted along the lumbar paraspinal musculature. All these areas are tender to palpation. Straight leg raise is negative. The orthopedic physician recommends MRI of the cervical and lumbar spine to rule out disc herniation and annular tears. Diagnoses include lumbar strain and cervical strain. Treatment has included chiropractic care, medications, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and massage therapy. The previous utilization review dated July 24, 2014, denied request for lumbar and cervical spine MRI per report dated 7/9/14.

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 per report dated 7/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation-Low back procedure summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: Per the ODG guidelines, the MRI of the cervical spine is indicated in chronic neck pain (after 3 months conservative treatment) with normal radiograph and normal signs / symptoms; neck pain with radiculopathy and severe or progressive neurological deficit; chronic neck pain with radiographic evidence of spondylosis, old trauma, bone/disc margin destruction; suspected cervical spine trauma with neck pain and clinical findings suggestive of ligamentous injury (normal X-ray / CT); known cervical spine trauma with equivocal or positive plain films with neurological deficits. In this case, the above criteria are not met; thus the request is considered not medically necessary per guidelines.

MRI of the lumbar spine, per report dated 7/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation-Low back summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back

Decision rationale: According to the California MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI is recommended following trauma with neurological deficits or seat belt fracture; uncomplicated low back pain, suspicious of cancer, infection or other red flags, or with radiculopathy after at least 1 month conservative therapy (or sooner with severe progressive neurological deficits), with a history of prior lumbar surgery or cauda equina syndrome; myelopathy. In this case, the injured worker does not meet the above criteria. Therefore, MRI of the lumbar spine, per report dated 7/9/14 is not medically necessary.