

Case Number:	CM14-0136620		
Date Assigned:	09/03/2014	Date of Injury:	11/05/2013
Decision Date:	10/27/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Pain Medicine 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 47-year-old male who sustained an injury on 11/5/13. On 7/24/14 the patient presented with occasional pain in the cervical spine and lumbar spine; symptoms worsen with pushing, repetitive use, pulling and lifting. On exam there was tenderness to palpation of the paracervical, levator scapulae, medial trapezius and parascapular muscles with positive levator scapulae and trapezius muscle spasm. Spurling sign was positive for neck pain radiating to the levator scapulae and trapezius muscles. Cervical range of motion was flexion 40 degrees, extension 20 degrees with pain, right\left lateral bending 20\15 degrees, left with pain; right\left rotation 60\65 degrees, left with pain. Lumbar spine range of motion was forward flexion 60 degrees, extension 15 degrees with pain, right\left lateral bending 15\10 degrees with low back pain in left. There was positive Fabere test bilaterally. X-rays of the cervical spine and lumbar spine from 5/15/14 were normal. X-ray of the cervical spine from 7/11/14 revealed that the spine is straight with decreased cervical lordosis. Disc heights are symmetric, but slightly reduced. There are small posterior osteophytes seen at C3-4, C4-5, and small anterior osteophytes observed at C5 superior endplate. No past surgeries were documented. He is not using any medications currently. Past treatments included physical therapy and chiropractic care. No previous MRIs were documented. Diagnoses include posterior neck pain, intermittent mild and bilateral upper extremity dorsal forearm aching and interscapular pain, low back pain, and sleep apnea diagnosed in 2006. The request for MRI of the lumbar spine was denied on 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

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

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 - Lumbar & Thoracic

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 in uncomplicated low back pain; with radiculopathy after at least 1 month conservative therapy, with a history of prior lumbar surgery, if there is evidence of neurological deficits following trauma, when there are red flag signs, in cauda equina syndrome or with severe progressive neurological deficits following trauma. In this case, there is no documentation of at least one month conservative treatment; i.e. structured physical therapy program. There are no evidence of any red flag signs, history of past or plan for lumbar surgery, history of trauma, progressive neurological deficits or cauda equina syndrome. Therefore, the medical necessity of the requested service cannot be established per guidelines and due to lack of medical necessity.