

Case Number:	CM14-0138777		
Date Assigned:	09/05/2014	Date of Injury:	12/06/2002
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on December 6, 2002. The most recent progress note, dated August 20, 2014, indicated that there were ongoing complaints of neck pain and low back pain along with migraine headaches. The injured employee stated her neck pain radiated down both upper extremities into both hands and that the back pain radiated to both legs. Current medications include Norco, Relafen, and Prilosec. The physical examination demonstrated tenderness over the cervical spine paraspinal muscles from the occiput to the C3 level. There were spasms and trigger points present. There were decreased cervical spine range of motion and pain with facet loading. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request had been made for an MRI of the cervical and lumbar spine and was not certified in the pre-authorization process on August 12, 2014.

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: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: The ACOEM Practice Guidelines support an MRI of the cervical and/or thoracic spine in certain patients with acute and subacute red flag conditions, radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment; however, a MRI is not recommended for evaluation of patients with nonspecific cervical or thoracic pain, unless there is a concern of neoplasm, infection or other neurological illnesses. The attached medical record indicates that the injured employee has not had prior conservative treatment to include physical therapy; however, now is scheduled to do so. Therefore, at this time, this request for an MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

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

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

Decision rationale: The ACOEM Practice Guidelines support an MRI of the lumbar spine in certain patients with acute and subacute red flag conditions and radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment; however, a MRI is not recommended for evaluation of patients with non-specific lumbar pain, unless there is a concern of neoplasm, infection or other neurological illnesses. The attached medical record indicates that the injured employee has not had prior conservative treatment to include physical therapy; however, now is scheduled to do so. Therefore, at this time, this request for an MRI of the lumbar spine is not medically necessary.