

Case Number:	CM14-0146035		
Date Assigned:	09/12/2014	Date of Injury:	09/06/2006
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

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 Occupational 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:

This injured worker is a 61-year-old female with a 9/6/06 date of injury. A specific mechanism of injury was not described. According to a report dated 7/31/14, the patient reported that she fell on a fence when her right leg gave out and she hit her left arm on a fence on 7/26/14. She complained of intermittent moderate left arm pain, pain in the gluteal region, and low back and neck pain. The low back pain (LBP) radiated to the legs bilaterally with numbness and tingling in the toes. The patient stated that the neck pain radiated to the arms bilaterally with paresthesias in the hands bilaterally. Objective findings listed were tenderness to palpation about the paracervical and trapezial musculature; muscle spasms; restricted range of motion (ROM) due to complaints of pain; tenderness to palpation of bilateral wrists/hands; weakness in grip strength; and increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar. The diagnostic impression was documented as cervical spine sprain with radicular complaints, lumbar spine sprain/strain with radicular complaints, bilateral carpal tunnel syndrome, history of IBS, and history of stress. Treatment to date has included medication management, activity modification, and physical therapy. A UR decision dated 8/12/14 denied the requests for MRI of the lumbar spine and MRI of the cervical spine. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination and no discussion of recent conservative treatment for the cervical and lumbar spine.

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 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: The California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where there are plain film radiographs are negative, unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. According to the reports reviewed, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI Lumbar Spine was not medically necessary.

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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter - MRI

Decision rationale: The California MTUS supports imaging studies with red flag conditions when there is physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, a need for clarification of the anatomy prior to an invasive procedure, and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. According to the reports reviewed, there is no documentation of focal neurological deficits noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for MRI Cervical Spine was not medically necessary.