

Case Number:	CM14-0156440		
Date Assigned:	09/25/2014	Date of Injury:	01/17/2014
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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 is a 64-year-old female patient who reported an industrial injury on 1/17/2014, nine (9) months ago, attributed to the performance of her usual and customary job tasks. The patient complained of multiple musculoskeletal issues including low back pain which did not radiate down the lower extremity. The patient also complains of neck pain which does radiate to the upper extremities. The patient reported right shoulder pain. An MRI of the right shoulder had been authorized. The objective findings on examination included no focal neurological deficits but did include decreased range of motion to the shoulder with tenderness to palpation. The patient was noted to have had prior MRIs of the lumbar spine and cervical spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for imaging - Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-MRI

Decision rationale: The patient is nine (9) months s/p DOI and has no documented neurological or radiculopathy deficits on examination. There was no objective evidence to support the medical necessity of the requested cervical spine MRI. There is no documented change in clinical status or any progressive neurological deficit to the cervical spine to warrant repeated cervical MRI studies. The patient was not documented to have been provided complete conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a MRI of the cervical spine as a screening study. There are no documented progressing neurological deficits. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the cervical spine. The medical necessity of the requested MRI of the cervical spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a cervical spine MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. There was no demonstrated medical necessity for a repeated MRI of the cervical spine.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for imaging - Magnetic resonance imaging

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 lumbar spine

Decision rationale: There was no evidence of changes in clinical status to warrant imaging studies of the lumbar spine. There was no demonstrated progressing neurological deficit. The request was not made with the contemplation of surgical intervention but as a screening study. The prior MRI of the lumbar spine performed demonstrated no nerve impingement radiculopathy. There was no evidence of having prior electrodiagnostic studies. The patient was not noted to have objective findings documented consistent with a change in clinical status or neurological status to support the medical necessity of a repeated MRI of the lumbar spine. The patient was documented to have subjective complaints of pain to the lower back with subjective numbness and tingling to the right lower extremity. The patient reported persistent pain; however, there were no specified neurological deficits. There was no demonstrated medical necessity for an MRI of the lumbosacral spine based on the objective findings documented on examination. There are no documented progressive neurological changes as objective findings documented consistent with a lumbar radiculopathy as effects of the DOI. There was no documented completion of the ongoing conservative treatment to the lower back and there is no specifically documented HEP for conditioning and strengthening. There are no demonstrated red flag diagnoses as recommended by the ODG or the ACOEM Guidelines. The use of the MRI for nonspecific back pain is only recommended after three months of symptoms with demonstrated failure of conservative care. The request is not medically necessary and appropriate.

