

Case Number:	CM14-0158347		
Date Assigned:	10/01/2014	Date of Injury:	06/01/2009
Decision Date:	11/07/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

PR-2 from an orthopedist provider dated 10/11/14 notes that the injured worker reports two prior surgeries including ulnar nerve transposition on the right side as well as an ACDF C6-C7. The injured worker reports doing well for the first year but then notes gradual deterioration. The insured has had more neck pain, spasms, and headaches and pain radiating into the upper extremities more on the right. Physical exam describes strength as 4-/5 on wrist extension on the right, 4/5 on the left with the right triceps being 4/5. The assessment was history of right ulnar neuropathy recurrence status post right ulnar nerve transposition, cervical disc pathology and radiculopathy. The insured was recommended for an ACDF at C5-C6. Concern is that the insured had reflex asymmetry. PR-2 dated 07/16/14 indicates recent recommendation for ACDF at C5-C6, also reporting back pain, spasms with radiation to the lower extremity. The insured has tenderness and spasm at L4-L5 and L5-S1. Achilles reflexes are 2+. There is diffuse decreased sensation in the right L5-S1 dermatome with tingling in these areas too. The bilateral sensory disturbance is reported to have not been consistent with previous abnormality under the lumbar spine. There was absent quad reflex on the left side. There was positive straight leg raise and tension signs on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Low Back, MRIs (Magnetic Resonance Imaging)

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, MRI

Decision rationale: The medical records report neurologic deficits in the lower extremity of weakness and sensory loss that is in distribution of more than 1 nerve and could be central or radicular in etiology. Official Disability Guidelines supports MRI for low back pain with progressive neurologic deficit. As such, the medical records support medical necessity of MRI lumbar spine in the insured.