

Case Number:	CM14-0161329		
Date Assigned:	10/06/2014	Date of Injury:	06/08/1997
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/01/2014

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 Preventive 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:

According to the records made available for review, this is a 70-year-old female with a 6/8/97 date of injury. At the time (9/16/14) of decision for magnetic resonance imaging (MRI) cervical without contrast and MRI lumbar without contrast, there is documentation of subjective (ongoing neck and back pain) and objective (tenderness to palpitation over the cervical spine, limited range of motion and weakness of the cervical spine, tenderness to palpitation over the lumbar spine, and limited range of motion and weakness of the lumbar spine) findings, current diagnoses (lumbar sprain), and treatment to date (Aquatic therapy). There is no documentation of red flag diagnoses where plain film radiographs are negative, objective findings that identify specific nerve compromise on the neurologic examination, and patient considered for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG- Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an magnetic resonance imaging (MRI). Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings. Therefore, based on guidelines and a review of the evidence, the request for MRI cervical without contrast is not medically necessary.

MRI lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG- Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) reference to American College of Occupational and Environmental Medicine (ACOEM) guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of magnetic resonance imaging (MRI). Within the medical information available for review, there is documentation of a diagnosis of lumbar sprain. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative, objective findings that identify specific nerve compromise on the neurologic examination, and patient considered for surgery. Therefore, based on guidelines and a review of the evidence, the request for MRI lumbar without contrast is not medically necessary.