

Case Number:	CM14-0162284		
Date Assigned:	10/07/2014	Date of Injury:	06/14/2011
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41 year old female with an injury date of 06/14/11. Per the 09/02/14 report by [REDACTED] the patient presents with cervical spine pain radiating with intermittent bilateral upper extremity radiculopathy symptoms along with left upper extremity pain with paresthesias. The patient is noted to have post carpal tunnel release surgery 5 months ago with slight continued radiculopathy symptoms. Examination reveals palpable tenderness in the midlines L4-S1 region, tenderness in the left side paraspinal muscles with positive straight leg raise left. The patient's diagnoses include: cervicothoracic strain/arthrosis/discopathy with foraminal stenosis, Left elbow lateral epicondylitis, status post right carpal tunnel release (date unknown), left carpal tunnel syndrome, lumbosacral strain/arthrosis/discopathy, and gastrointestinal complaints. The utilization review being challenged is dated 09/22/14. Reports were provided from 03/20/14 to 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumber Spine MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); MRI (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); Chapter Low Back - Lumbar & Thoracic.

Decision rationale: The patient presents with cervical spine pain radiating to the bilateral upper extremity and tenderness in the midlines L4-S1 region and paraspinal muscles on the left side. The provider requests for MRI lumbar spine. ODG guidelines state that for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment. ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)". The 03/20/14 QME report cites a 07/28/11 MRI of the lumbar spine showing facet degenerative changes at L4-5 with an otherwise unremarkable exam. The provider does not discuss the request in the reports provided or state why a repeat MRI is desired. There is no documentation of discussion of prior lumbar surgery. In this case the patient is documented to have a positive straight leg raise left on 09/02/14. Radiculopathy symptoms are noted into the upper extremity and associated with carpal tunnel syndrome; however, examination did not reveal lower extremity radiculopathy. Furthermore, in the reports provided, there is no progression of neurologic deficit such as weakness; no new injury; no red flags such as bowel/bladder symptoms; and no significant change in clinical presentation such as new symptoms. Recommendation is for denial.