MAXIMUS Federal Services

Case Number:	CM14-0185501		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2007
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine and is licensed to practice in Georgia. 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 injured worker is a 60-year-old male who reported injuries due to a slip and backwards fall on 03/01/2007. On 09/15/2014, his diagnoses included cervical spine sprain/strain, rule out HNP, rule out cervical spine radiculopathy, rule out umbilical hernia, low back pain, status post lumbar spine surgery, lumbar sprain/strain, rule out HNP, rule out radiculitis, lower extremity, hypertension, anxiety disorder, mood disorder, sleep disorder, psychosexual dysfunction, and stress. His complaints included a burning, radicular neck pain with muscle spasm, described as constant, moderate to severe, rated 6-7/10. His pain was aggravated by any motion of the head or neck. There was some numbness and tingling of the bilateral upper extremities. He was status post lumbar spine surgery with residual pain, rated 8/10 with numbness and tingling of the bilateral lower extremities. His low back pain was aggravated by activity. It was noted that he was not taking any medications. His cervical ranges of motion measured in degrees were flexion 40/50, extension 50/60, right and left rotation 70/80, right and left lateral flexion 30/45. His sensory response to pinprick and light touch was slightly diminished over the C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. His ranges of motion of the lumbar spine measured in degrees were flexion 40/60, extension 15/25, left and right lateral flexion 15/25, and left and right rotation 20/30. He had positive bilateral straight leg raising tests at 40 degrees. His treatment plan recommendations included x-ray of the cervical and lumbar spine, a TENS unit, shockwave therapy to the cervical and lumbar spine, a functional capacity evaluation, referral to a psychologist, MRI of the cervical and lumbar spine, EMG/NCV of the bilateral upper extremities, and a course of localized intense neuro-stimulation therapy for the lumbar spine, as well as proprietary medications and topical creams. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

Decision rationale: The request for Magnetic resonance imaging (MRI) cervical is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines notes that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms, and do not warrant surgery. MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurologic deficit associated with acute trauma, tumor, or infection, are present. There was no evidence in the submitted documentation that this injured worker was a candidate for surgery. There were no red flags for fracture or neurologic deficit associated with acute trauma, tumor, or infection. It was noted that he was not taking any medications to decrease his pain or increase his functional abilities. The clinical information submitted failed to meet the evidence based guidelines for MRI. Therefore, this request for MRI cervical is not medically necessary.

MRI LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for Magnetic resonance imaging (MRI) lumbar is not medically necessary. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend that relying on solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before symptoms began, and therefore, has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRI is specifically not recommended for lumbosacral strain. It is recommended for preoperative planning. There was no evidence in the submitted documentation that this injured worker was a surgical candidate. He was past age 40. Numerous other diagnostic studies were recommended. The results of those

studies were not included in this injured worker's chart. It was noted that he was not taking any medications to decrease his pain or increase his functional abilities. The need for an MRI of the lumbar spine was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI lumbar is not medically necessary.