

Case Number:	CM14-0080292		
Date Assigned:	07/18/2014	Date of Injury:	04/07/2014
Decision Date:	08/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/31/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

The patient is a 47-year-old male with a date of injury of April 7, 2014 with related cervical spine, lumbar spine, and left knee pain. According to the progress report dated April 14, 2014, he rated his cervical pain 6/10 in intensity. The pain was achy and dull in character, with no radiation noted. Lumbar spine pain was rated 6-7/10, the same in character and without radiation. Left knee pain was rated 7/10. The physical exam of the cervical spine revealed tenderness to palpation and spasm over the paracervical and trapezial musculature. There was swelling noted bilaterally. Physical exam of the lumbar spine revealed tenderness to palpation with spasm over the lumbar paraspinal musculature bilaterally. The documentation submitted for review does not state whether physical therapy was utilized. He has been treated with medication management. Acupuncture and chiropractic care were approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The ACOEM Practice Guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Upon review of the submitted documentation, an MRI of the cervical spine is supported. The documentation noted cervical spine pain with non-specific findings of decreased motion, tenderness, swelling, and spasm. The progress report dated April 14, 2014; motor strength was 3/5 in the quadriceps, tibialis anterior, or gastrocnemius of the lower left extremity. This represents a severe neurological defect possibly amenable to surgery. Therefore, the request is medically necessary.

An Orthopedic Consultation for the Left Knee, Lumbar Spine and Cervical Spine:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation noted cervical spine pain with non-specific findings of decreased motion, tenderness, swelling, and spasm. Left knee findings included limited range of motion and tenderness to palpation over the popliteal fossa and lateral joint line. The progress report dated April 14, 2014; motor strength was 3/5 in the quadriceps, tibialis anterior, or gastrocnemius of the lower left extremity. The lumbar spine was tender to palpation with spasm over the lumbar paraspinal musculature. Therefore, the request is medically necessary.