

Case Number:	CM14-0094045		
Date Assigned:	07/25/2014	Date of Injury:	11/10/2011
Decision Date:	09/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 an injury to his neck and low back on 11/10/11. A clinical note dated 08/09/13 indicated the injured worker complaining of dizziness and instability. The injured worker also reported episodes of nausea and vomiting. The injured worker previously utilized Cymbalta which was discontinued at that time. A clinical note dated 11/20/13 indicated the injured worker complaining of worsening shoulder and neck pain. The injured worker also complained of trunk, abdominal, and leg pain. The injured worker utilized tramadol for ongoing pain relief. Progress note dated 01/23/14 indicated the injured worker was participating in a functional restoration program. The injured worker made subjective statements of an increasing competence in his pain management. A clinical note dated 02/03/14 indicated the injured worker reporting moderate to severe neck pain and back pain rated 8/10 on the visual analog scale. Upper back pain radiated occasionally to the front of the chest. Low back pain was referred into the right lower extremity. The injured worker showed signs associated with chronic pain syndrome. The injured worker had a positive Spurling sign. Physical examination revealed range of motion deficits throughout the lumbar spine. Sensation deficits, hypertonicity and tenderness were identified at bilateral lumbar spine. The injured worker underwent MRI of the lumbar spine in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the lumbar spine, neck and back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5.

Decision rationale: The request for MRI without contrast of the lumbar spine is medically necessary. The injured worker complained of low back pain with hypertonicity and tenderness identified in bilateral lumbar spine and numbness and tingling in the lower extremities. Given the radiculopathy findings in the lower extremities, an MRI of the lumbar spine is indicated in order to identify the significant pathology in order to provide the injured worker with treatment directed towards recovery. Given these factors the request is medically necessary.

MRI without contrast of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for MRI of the cervical spine is medically necessary. The injured worker had a positive Spurling sign and strength deficits in the upper extremities. Given the significant findings identified by clinical evaluation this request is reasonable in order to provide the injured worker with pathway to treatment.