

Case Number:	CM14-0204918		
Date Assigned:	12/17/2014	Date of Injury:	07/06/2011
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 New York. 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 57 year old female RN with a date of injury of 07/06/2011. She fell on a gravel driveway and injured her neck and back. She has neck pain and low back pain with tingling in her arms and legs. She fell in 04/2014 and injured her right shoulder. She was initially treated with physical therapy, medication and cervical and lumbar epidural steroid injections. On 08/27/2012 she had C3-C4, C4-C5 and C5-C6 discectomy, fusion and instrumentation. On 04/10/2013 she had a lumbar MRI that revealed severe degenerative disc disease at L3-L4 with severe L4 foraminal stenosis at the left L4 nerve root. On 04/18/2014 she had right shoulder supraspinatus tendonosis on MRI. On 11/06/2014 she had neck pain radiating to both shoulders and low back pain to both legs and feet. She has urinary incontinence. She takes Ibuprofen, Norco and Flexeril. She had cervical pain to palpation and a decreased range of motion. Spurling's sign was positive. Tinel's sign was negative. Both deltoids and the right triceps, biceps, wrist extender and wrist flexor were all 4+/5. Sensation was normal. She had normal lumbar lordosis. She ambulated with a cane. Lumbar range of motion was decreased. The right EHL and anterior tibialis were 4+/5 and the remainder of lower extremity motor strength was 5/5. Straight leg raising was negative. There was bilateral diminished pin prick sensation at L4 and L5 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316.

Decision rationale: MTUS, ACOEM, Chapter 12 notes that MRI imaging may be indicated if there is documentation of progressive neurologic compromise and the patient has agreed to possible surgery (and is a surgical candidate). This injured worker had a previous lumbar MRI on 04/10/2013 and there is no objective documentation of a progressive neurologic deficit since then. There are no new red flag signs. There is no documented change in her condition. There is no documentation that she has agreed to possible surgery. The request for MRI of the Lumbar Spine without Contrast is not medically necessary.

Computed Tomography (CT) Cervical Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The injured worker had extensive cervical spine surgery. There is no documentation of non-union of the cervical fusion. There are no documented new neurologic deficits or any documentation that she is a candidate for more cervical spine surgery. The previous cervical spine surgery did not provide improvement. There are no new red flag signs. Based on MTUS, ACOEM Chapter 8, injured worker does not meet criteria for a CAT scan of the cervical spine. The request is therefore not medically necessary.