

Case Number:	CM14-0212893		
Date Assigned:	12/30/2014	Date of Injury:	12/20/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 56-year-old male who reported an injury on 12/20/2013. He was diagnosed with cervical spine sprain/strain. The mechanism of injury was not provided. His past treatments were noted to include medications and physical therapy. On 10/30/2014, the injured worker reported continued pain in bilateral hands, left hip pain, and also reported cervical and lumbar pain, with right knee and left shoulder pain. On physical examination of the lumbar spine, he was noted to have 45 degrees of flexion, 15 degrees of extension, and 30 degrees of right and left bending, and a positive straight leg raise rest at 70 degrees bilaterally. Additionally, hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature noted at L4, L5, and S1 dermatome on the right. No physical examination of the cervical spine was provided. Current medications were not provided. The treatment plan included a request for EMG/Nerve Conduction, MRI of the head, an MRI of the cervical and lumbar spine to establish the presence of disc pathology, an MRI of the right knee and left shoulder, medication refills, and a return visit in 6 weeks. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging)

Decision rationale: The request for an MRI of the lumbar spine is not medically necessary. The California MTUS Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. More specifically, the Official Disability Guidelines state magnetic resonance imaging should be reserved for thoracic/lumbar spine trauma with neurological deficits, or red flags when complicated back pain with radiculopathy after at least 1 month of conservative therapy, sooner if severe or progressive neurological deficits, and myelopathy with neurological deficits. The clinical documentation submitted for review does indicate the injured worker has decreased range of motion and a positive straight leg raise test, with sensory deficits. However, the clinical documentation does not provide evidence of decreased motor strength or decreased reflexes. Given the above information the request is not supported by the guidelines. As such, the request is not medically necessary.

MRI of cervical spine: 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.

Decision rationale: The request for the cervical spine is not medically necessary. The CA MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The clinical documentation does indicate the injured worker has tried physical therapy and medications. However, there is no documentation provided of severe progressive neurological deficits upon physical examination. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.