

Case Number:	CM14-0214973		
Date Assigned:	01/07/2015	Date of Injury:	07/30/2011
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old female who sustained an industrial injury on 7/30/2011. She has reported a slip and fall with back pain. The diagnoses have included cervical spine strain, right shoulder sprain and lumbar strain. Treatment to date has included chiropractic care, physical therapy, home exercises and medication management. Currently, the IW complains of neck and low back pain. Treatment plan included magnetic resonance imaging of the cervical and lumbosacral spine. On 12/17/2014, Utilization Review non-certified review of magnetic resonance imaging of the cervical and lumbosacral spine, noting the lack of medical necessity. The MTUS was cited. On 12/22/2014, the injured worker submitted an application for IMR for magnetic resonance imaging of the cervical and lumbosacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and lumbosacral spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): (s) 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177, 303.. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic) Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: Per the MTUS, Most patients presenting with neck pain do not need imaging, unless a red flag emerges, there is 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. Per the ODG multiple Indications for imaging are listed and include:- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit.Per the MTUS, imaging should not be performed in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least six weeks, However it may be appropriate when the physician believes it would aid in patient management. Per the ODG Indications for MRI include:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.- Uncomplicated low back pain, cauda equina syndrome.A review of the injured workers medical records indicate that the mechanism of injury was a fall and she has had persistent pain with radiculopathy since 2011, It would appear in her case MRI is appropriate at this point and therefore the request for MRI of the cervical and lumbosacral spine is medically necessary and appropriate.