

Case Number:	CM14-0215444		
Date Assigned:	01/02/2015	Date of Injury:	10/02/2001
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
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: California

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:

This is a patient with a date of injury of 10/2/01. A utilization review determination dated 12/16/14 recommends non-certification/modification of MRIs of the cervical and lumbar spine and trigger point injection. 12/19/14 medical report identifies an appeal for denied treatment. The patient is said to have severe pain in the neck and low back 5-8/10 with numbness, tingling, and weakness into the hands and pain radiating to the left lateral and medial thigh. There is unspecified BLE weakness, although motor testing was said to be normal. Upper extremity motor testing noted 5-/5 strength at the left deltoid and biceps. SLR and supine Lasegue's positive bilaterally. Prior lumbar and cervical spine MRIs are noted. Patient recently underwent acupuncture and PT after a flare-up of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck Chapter, MRI

Decision rationale: Regarding the request for cervical spine MRI, CA MTUS does not address repeat MRIs. ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the provider noted that the patient had a recent flare-up of pain, but there is no clear indication of any red flags, progressive neurological deficit, or another clear indication for repeating the MRI. In light of the above issues, the currently requested cervical spine MRI is not medically necessary.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, MRI

Decision rationale: Regarding the request for lumbar spine MRI, CA MTUS does not address repeat MRIs. ODG notes that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, the provider noted that the patient had a recent flare-up of pain, but there is no clear indication of any red flags, progressive neurological deficit, or another clear indication for repeating the MRI. In light of the above issues, the currently requested lumbar spine MRI is not medically necessary.

Trigger point injection (left hip): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Regarding the request for trigger point injections, Chronic Pain Medical Treatment Guidelines support the use of trigger point injections after 3 months of conservative treatment provided trigger points are present on physical examination with evidence upon palpation of a twitch response as well as referred pain and when radiculopathy is not present (by exam, imaging, or neuro-testing). Within the documentation available for review, there are no physical examination findings consistent with trigger points as outlined above and there are findings suggestive of radiculopathy. In light of the above issues, the requested trigger point injections are not medically necessary.

