MAXIMUS Federal Services

Case Number:	CM15-0012764		
Date Assigned:	01/30/2015	Date of Injury:	11/18/2014
Decision Date:	03/27/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 11/18/2014. The mechanism of injury was lifting 5 gallon buckets at work. Her diagnoses included sprain of the thoracic region, sprain of the lumbar region. Her medications included acetaminophen 500 mg, ibuprofen 800 mg, orphenadrine ER 100 mg, lidocaine 5% patch. The progress report dated 12/15/2014 indicated on physical exam the range of motion to the back is restricted, with extension 20 degrees/30 degrees, lateral flexion left and right measured at 30 degrees/45 degrees, lateral rotation left and right both measured at 30 degrees/30 degrees. Straight leg raise was negative. Sensation was light to touch and pinprick in all dermatomes of the bilateral lower extremities. Her treatment plan included request for MRIs of the thoracic and lumbar spine, refills medication, and add omeprazole to protect GI complaints. Modified work duty given.

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: Upheld

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): 303-305.

Decision rationale: The request for MRI lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There was a lack of documentation regarding specific nerve compromise on the neurologic exam of the lumbar spine. The guidelines state that indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful and do not warrant surgery. The request for MRI lumbar spine is not medically necessary.

MRI of the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the thoracic spine is not medically necessary. For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out.Criteria for ordering imaging studies are: -Emergence of a red flag -Physiologic evidence of tissue insult or neurologic dysfunction -Failure to progress in a strengthening program intended to avoid surgery -Clarification of the anatomy prior to an invasive procedurePhysiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. There is lack of documentation regarding an emergence of a red flag, or physiologic evidence of tissue insult or neurologic dysfunction. The request for MRI of the thoracic spine is not medically necessary.