

Case Number:	CM15-0126394		
Date Assigned:	07/10/2015	Date of Injury:	10/01/2000
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Emergency 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 47 year old who sustained an industrial injury on 10/01/2000. Mechanism of injury was not documented. Diagnoses include flat back syndrome. Treatment to date has included diagnostic studies, status post anterior plate in 2012, and anterior fusion in 2009, medications, and physical therapy with a 50% improvement. Her medications include Norco, Methadone, Flexeril and Gabapentin. An x-ray of the spine noted evidence of an anterior cervical disc fusion and laminectomy at L4-L5 and bone graft are unchanged, and there is disc space narrowing and facet hypertrophy is noted throughout the lumbar spine. A physician progress note dated 05/27/2015 documents the injured worker complains of neck pain, back pain, leg symptoms and difficulty walking. She was in a MVA since she was last seen and her condition has flared. She has decreased sensation in both the upper left and lower extremity. She has frequent headaches and a recent change in vision. She continues to feel like she is tilting forward and that it is difficult to stand straight. She has buttock and posterior thigh pain but no radiation down her legs. Treatment requested is for MRI cervical spine, and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include red flag findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Patient has chronic pain and chronic deficits. This is an exacerbation of chronic pain with some sensory changes in lower extremities that is unclear from documentation if they are new or old. There is no weakness. There is documentation of any attempt at conservative care with this flare. MRI of cervical spine is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition (Web), 2014,), Low Back & Lumbar & Thoracic/MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 302, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. The documentation does not support any indication for imaging. Patient has chronic pain and chronic deficits. This is an exacerbation of chronic pain with some sensory changes in lower extremities that is unclear from documentation if they are new or old. There is no weakness. There is documentation of any attempt at conservative care with this flare. MRI of lumbar spine is not medically necessary.