

Case Number:	CM15-0074556		
Date Assigned:	04/24/2015	Date of Injury:	09/25/2012
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 09/25/2012. On provider visit dated 03/31/2015 the injured worker has reported right shoulder pain and a constant pain in the low back that has radiated to the lower extremities as well as constant pain in the cervical spine area radiates to the upper extremities. On examination of the cervical spine there was palpable paravertebral muscle tenderness with spasm and limited range of motion with numbness and tingling noted to upper extremities. Lumbar spine was noted to have palpable muscle tenderness with spasm and restricted and guarded range of motion, with numbness and tingling noted to lower extremities. The diagnoses have included lumbago, joint derangement NOS shoulder status post right shoulder surgery and cervicalgia. Treatment to date has included medication, home exercise program, cervical MRI's and injections. The provider requested MRI Cervical Spine and MRI 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: The CA MTUS states that "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, or clarification of anatomy prior to an invasive procedure." The ODG states, "Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings of significant pathology (i.e. tumor, infection, fracture, neurocompression or recurrent disc herniation). A cervical MRI was performed just 18 months prior in this patient, on 12/07/2013. There is no documented change in the patient's neurologic status or examination finding in the interim, therefore this request is deemed not medically necessary.

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck chapter, MRI.

Decision rationale: The MTUS/ACOEM guidelines state that MRI may be appropriate if physiologic evidence indicates tissue insult or nerve impairment, emergence of red flags, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. The ODG states that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings of significant pathology (i.e. tumor, infection, fracture, neurocompression, recurrent disc herniation). A lumbar MRI was performed on this patient on 12/07/2013, 18 months prior to this review. There is no documentation submitted to suggest any change in the patient's neurologic status or change in examination findings. Therefore, the request is deemed not medically necessary at this time.