

Case Number:	CM15-0076644		
Date Assigned:	04/28/2015	Date of Injury:	10/21/2014
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/22/2015

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: Florida

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 was a 70 year old female, who sustained an industrial injury, October 31, 2014. The injury was sustained with walking down a flight of stairs, when the injured worker lost control and twisted the left leg and foot. The injured worker previously received the following treatments Ativan, left knee x-ray, left knee MRI and physical therapy. The injured worker was diagnosed with cervical radiculitis, cervical strain/sprain, rule out cervical disc protrusion, thoracic sprain/strain, lumbar radiculitis, lumbar strain/sprain, rule out lumbar disc protrusion, left knee lateral meniscus tear, left knee medial meniscus tear, left knee strain/sprain, anxiety and depression. According to progress note of December 31, 2014, the injured workers chief complaint was bilateral knee pain, neck pain that travels down into the hands. The mid and low back pain radiates down to the legs and feet associated with numbness and tingling. The injured worker described the cervical neck pain with intermittent mild to moderate neck pain and stiffness. The pain radiates down to the mid back. The lumbar spine pain complains of intermittent frequent mild to moderate achy low back pain, stiffness, numbness, tingling and weakness radiating to the left knee. The left knee pain was aggravated by walking, standing and bending. The physical exam noted tenderness in the spinous processes of C3-C7 and paraspinous structures of C4-C7. The thoracic tenderness to spinous processes of T8-T12 and right paraspinous structures of T8-T12. The lumbar spine had tenderness with palpation of the L3-L5 spinous processes. The left knee had tenderness at the medial tibial condyle and inferior patellar tendon, lateral tibial condyle and lateral tubercle. The treatment plan included a request of an MRI of the cervical spine without contrast.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Special studies and diagnostic considerations. Neck and Back Page(s): 177.

Decision rationale: MTUS guidelines state that 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 procedure. Regarding this patient's case, the above MTUS criteria has not been satisfied. There is also no mention of failure of conservative treatment measures for her neck pain. A normal cervical spine x-ray from January 2015 is noted. The physical exam only noted tenderness, but no evidence of a neurological deficit. Likewise, this request is not considered medically necessary.