

Case Number:	CM15-0076694		
Date Assigned:	04/28/2015	Date of Injury:	01/03/2015
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, California
 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:

This is a 40 year old male patient who sustained an industrial injury on January 3, 2015. The diagnoses include sprain of neck muscle, thoracic sprain, strain, and sprain and strain of the lumbar spine. He sustained the injury while he was working on scaffold, scaffold fell from 20 feet. Per the doctor's note dated 3/31/2015, he had complaints of neck pain with intermittent radiation to the both shoulders and low back pain with radiation to the legs. The physical examination revealed cervical spine- tenderness over the left trapezius muscles, full range of motion; lumbar spine- tenderness, full range of motion, normal strength, sensation and reflexes in bilateral upper and lower extremities. The medications list includes robaxin and naproxen. He has had X-rays for cervical spine, lumbar spine and thoracic spine on 3/31/2015. He has had occupational therapy, physical therapy, and modified work duty. The treatment request included a MRI of the cervical and lumbar spine.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indication for imaging- MRI.

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

Decision rationale: Per the ACOEM chapter 8 guidelines "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". The ACOEM chapter 8 guidelines recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags". Patient had full cervical and lumbar range of motion with normal strength, sensation and reflexes. Patient does not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. Response to a previous course of conservative therapy including physical therapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. An electro diagnostic study documenting objective evidence of neurological deficit is not specified in the records provided. The MRI of the cervical Spine is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG) Indications for Imaging - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, computer tomography (CT) for bony structures)." The records provided do not specify any progression of neurological deficits in this patient. The history or physical exam findings do not indicate pathology including cancer, infection, or other red flags. Electrodiagnostic studies with findings of radiculopathy are not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The MRI of the lumbar spine is not medically necessary for this patient at this juncture.