

Case Number:	CM15-0079516		
Date Assigned:	04/30/2015	Date of Injury:	01/31/2011
Decision Date:	06/03/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/24/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34 year old female who sustained an industrial injury on 01/31/2011. The injured worker was diagnosed with cervical myofascial pain, rule out cervical disc injury, lumbar myofascial pain and rule out lumbar disc injury. Treatment to date includes diagnostic testing (latest lumbar magnetic resonance imaging (MRI) October 2014), conservative measures, chiropractic therapy, acupuncture therapy and medications. According to the primary treating physician's progress report on February 13, 2015, the injured worker continues to experience low back pain and neck discomfort with radiation to the upper extremities with intermittent numbness and weakness. Examination of the cervical spine demonstrated diffuse tenderness in the posterior cervical musculature with full range of motion in all planes. Both shoulders, elbows, wrists and hands revealed full, pain free range of motion. Neurological, motor and sensory were intact. Examination of the thoracolumbar spine noted diffuse tenderness. Current medications were not referenced. Treatment plan consists of physical therapy for the lumbar and cervical spine, cervical spine magnetic resonance imaging (MRI) along with the current request for a lumbar magnetic resonance imaging (MRI).

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 13th Edition (web) 2015 Low Back MRIs.

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) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

Decision rationale: The injured worker sustained a work related injury on 01/31/2011. The medical records provided indicate the diagnosis of cervical myofascial pain, rule out cervical disc injury, lumbar myofascial pain and rule out lumbar disc injury. Treatments have included chiropractic therapy, acupuncture therapy and medications. The medical records provided for review do not indicate a medical necessity for MRI of the Lumbar Spine. The medical records indicate the injured worker had an unremarkable Lumbar MRI on 10/2014. The MTUS is silent on repeat MRI, but recommends against over reliance of Imaging due to the possibility of finding something in the MRI that is unrelated to the injury, but could be mistaken to be related to the injury. The Official Disability Guidelines recommends against repeat MRI unless under special circumstances like change of symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation. The medical records reviewed do not indicate the injured worker has findings suggestive of significant pathology. Therefore, the request is not medically necessary.