

Case Number:	CM17-0004039		
Date Assigned:	01/11/2017	Date of Injury:	11/14/2016
Decision Date:	02/08/2017	UR Denial Date:	12/23/2016
Priority:	Standard	Application Received:	01/06/2017

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, Virginia

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 44 year old male who sustained an industrial injury on 11-14-2016. The documentation on 12-07-2016 noted the injured worker has complaints of severe pain to the lower back and discomfort in the neck. The worker reports intermittent paresthesias to the bilateral hands and some mild neck pain but denies radicular pain in his arm. The physical exam reveals the worker is in mild distress due to pain. He is unable to sit upright on the exam table and rests on his cane. His gait is antalgic. There is no spasm in the soft tissue of the neck but he has mild tenderness in the cervical musculature. He has full range of motion in the neck. Spurling test is questionable on the left. He has pain in his left trapezial muscle when he laterally bends to the left. Upper arm reflexes are decreased in his left triceps, biceps and brachioradialis reflexes compared to the right. He has no tenderness in the lumbar or sacral spine or through the lumbar musculature. Straight leg raise test on the left is positive and on the right is negative. Patellar and Achilles tendon reflexes appear equal. Range of motion to his back is full, but he moves slowly. Duration of symptoms is one month. A review of the medical records shows the injured worker has diagnosis that include mild cervical strain, bilateral hand paresthesia most likely related to the neck; low back strain; left lumbar radiculopathy. The treatment to date includes meloxicam 7.5 mg, however the worker states it is not effective. He has been out of work since the injury. The treatment plan on 12-07-2016 includes MRI of the neck and MRI of the lumbar spine. The original utilization review 12-23-2016 non-certified the request for MRI of the neck without contrast and for MRI of the lumbar 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 neck without contrast: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The patient cannot be considered as having failed conservative treatment. Without further indication for imaging, the request for MRI at this time is not medically necessary per the guidelines.

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The patient cannot be considered as having failed conservative treatment. Without further indication for imaging, the request for MRI at this time is not medically necessary per the guidelines.