

Case Number:	CM14-0140968		
Date Assigned:	09/10/2014	Date of Injury:	09/28/2012
Decision Date:	10/21/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 09/28/2012. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar radiculopathy. The injured worker's past treatments included medications. The injured worker's diagnostic testing included an official MRI of the right shoulder on 02/11/2014, an official x-ray of the right shoulder on 02/11/2014, an official MRI of the left shoulder on 02/10/2014, an official x-ray of the left shoulder on 02/10/2014, and an NCV/EMG on 03/07/2014. The injured worker's surgical history was not provided. On the clinical note dated 03/07/2014, the injured worker complained of pain in her lumbar spine, knees, ankles, feet, and toes, which radiates to the bilateral hips with associated symptoms of numbness, tingling, and weakness. The injured worker had no deformities noted in the lower extremities upon lumbar spine exam. The lumbar paraspinals are nontender. There was decreased range of motion to the lumbar spine. Muscle strength was 5/5. Straight leg raising test was negative bilaterally. Sensation was normal to the lumbar spine. The injured worker's medications included Omeprazole 20 mg capsule, Tramadol ER 150 mg capsule, and Cyclobenzaprine HCL 7.5 mg. Frequency was not provided. The request was for MRI of the lumbar spine date of service 12/30/2013 and chromatography quantitative comprehensive drug panel date of service 12/02/2013. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Cervical Magnetic Resonance Imaging (MRI), (DOS: 12/30/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic): Indications for Imaging -- MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The retrospective request for Cervical MRI (DOS: 12/30/2013) is not medically necessary. The injured worker was diagnosed with lumbar radiculopathy. The injured worker complains of pain in her lumbar spine, knees, ankles, feet, and toes, which radiates to the bilateral hips with associated symptoms of numbness, tingling, and weakness. The California MTUS/ACOEM Guidelines recommend MRI when there is 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 when clarification of the anatomy prior to an invasive procedure is needed. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging (MRI), for neural or other soft tissue) Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. There is a lack of documentation that demonstrates that conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation of significant findings of neurologic deficit on physical examination stemming back to 12/30/2013. There is a lack of medical records stemming back to 12/30/2013. As such, the retrospective request for Cervical MRI is not medically necessary.

Retrospective Magnetic Resonance Imaging (MRI) of the Lumbar Spine (DOS: 12/30/2013): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic): Indications for Imaging -- Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The retrospective request for MRI of the Lumbar Spine (DOS: 12/30/2013) is not medically necessary. The injured worker was diagnosed with lumbar radiculopathy. The injured worker complains of pain in her lumbar spine, knees, ankles, feet, and toes, which radiates to the bilateral hips with associated symptoms of numbness, tingling, and weakness. California MTUS/ACOEM Guidelines state 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 disc 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. The medical records lack documentation of efficacy of the conservative care. The medical records lack documentation of functional deficits. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. The injured worker's sensation and motor strength was intact. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. As such, the retrospective request for MRI of the Lumbar Spine is not medically necessary.

Retrospective: Chromatography, Quantitative Comprehensive Drug Panel (DOS: 12/2/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Criteria for use of Urine Drug Testing, Urine drug screening

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The retrospective request for Chromatography, Quantitative Comprehensive Drug Panel (DOS: 12/2/2013) is not medically necessary. The injured worker is diagnosed with lumbar radiculopathy. The injured worker complains of pain to the lumbar spine, knees, ankles, feet, and toes, which radiates to the bilateral hips with associated symptoms of numbness, tingling, and weakness. The injured worker is prescribed Omeprazole 20 mg, Tramadol HCL ER 150 mg, and Cyclobenzaprine HCL 7.5 mg. The California MTUS Guidelines recommend drug testing as an option. The guidelines state "using a urine drug screen to assess for the use or the presence of illegal drugs." The requesting physician did not provide documentation of opioid medication usage stemming back to 12/02/2013 to warrant the necessity of drug testing. As such, the retrospective request for Chromatography, Quantitative Comprehensive Drug Panel is not medically necessary.