

Case Number:	CM14-0147751		
Date Assigned:	09/15/2014	Date of Injury:	10/12/2009
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 61-year-old male, who reported an injury on 10/12/2009; while stacking boxes onto a pallet, he turned and the boxes fell on top of him, burying him. Diagnoses were cervicalgia, cervical radiculopathy, lumbago, lumbar facet dysfunction, anxiety, depression, shoulder impingement, axillary pain, hernia, sleep apnea, medial/lateral epicondylitis, carpal tunnel syndrome versus ulnar neuropathy, and gastritis. Past treatments were medications, physical therapy, and acupuncture. Diagnostic studies were EMG on 06/11/2014, MRI of the lumbar spine in 09/2012, and a cervical MRI. Physical examination on 08/27/2014 revealed complaints of neck and low back pain. Examination revealed straight leg raise test, Patrick's test, and facet loading test were all noted to be positive. Sensation was intact to light touch. There was weakness noted in the right grip strength. There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius, scapular border, and lumbar paraspinal musculature. There was also tenderness to palpation noted over the right medial/lateral epicondyle. Medications were not reported. Treatment plan was for cervical plain films including flexion and extension, MRI of the lumbar spine, and lumbar plain films including flexion and extension. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Plain Films including Flexion and Extension: Upheld

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

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

Decision rationale: The decision for Cervical Plain Films including Flexion and Extension is not medically necessary. The California ACOEM Guidelines state for most patients presenting with true neck or upper back problems, the special studies are not needed unless a 3 or 4 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, and clarification of the anatomy prior to an invasive procedure. There was no emergence of a red flag sign or symptom upon examination. It was not reported that the injured worker had a neurologic dysfunction. The clinical information submitted for review does not provide evidence to justify a cervical plain film that includes flexion and extension. Therefore, this request is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The decision for MRI of the lumbar spine is not medically necessary. The California 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. Indiscriminate 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 the consultant the selection of imaging tests to define a potential cause (magnetic resonance imaging (MRI) for neural or other soft tissue, computer tomography (CT) for bony structures). There was no neurologic dysfunction reported during the injured worker's physical examination. There were no red flags, signs or symptoms reported. The injured worker reported he had no new symptoms at the physical examination. Therefore, this request is not medically necessary.

Lumbar plain films, including flexion and extension: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The decision for Lumbar plain films, including flexion and extension is not medically necessary. The California ACOEM Guidelines state lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in the patient management. There were no red flags during the injured worker's physical examination. The rationale was not submitted for why the provider wanted lumbar spine x-rays. The clinical information submitted for review does not provide evidence to justify Lumbar plain films, including flexion and extension. Therefore, this request is not medically necessary.