

Case Number:	CM13-0009486		
Date Assigned:	03/10/2014	Date of Injury:	11/08/2012
Decision Date:	05/07/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/09/2013

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 Family Practice has a subspecialty in Preventative 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:

This claimant sustained a work-related injury on May 13, 2013 resulting in chronic low back and left buttock pain. The claimant had previously seen a chiropractor for temporary management as well as oral analgesics. He stated prior physical therapy had not given it much benefit. X-rays performed in 2012 and examination findings were consistent with a shoulder strain at the time. An MRI of the right shoulder in March 21, 2013 indicated moderate supraspinatus and infraspinatus tendon along with chronic degenerative tearing of the posterior superior labrum. He was also noted to have moderate tendinosis of the long head of the biceps tendon. An examination note by his orthopedic surgeon on June 18, 2013 indicated positive straight leg raising test, tenderness in the mid-lower lumbar region, normal motor and sensory exam and an unremarkable x-ray of the lumbar spine. The treating physician was concerned with a possible lumbar disc herniation and an MRI was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN, LUMBAR SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 309.

Decision rationale: According to the MTUS guidelines an MRI is recommended when there is suspected tumor, infection or fracture. It is also recommended prior to back surgery. Although there is a straight leg raise finding there are no other neurologic abnormalities found on the examination to suspect a nerve root dysfunction. As a result, the MRI requested for the lumbar spine is not medically necessary.