

Case Number:	CM13-0025435		
Date Assigned:	11/20/2013	Date of Injury:	06/29/2012
Decision Date:	01/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & 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 physician 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 patient is a 49-year-old female who sustained a work related injury on 06/29/2012. The clinical information submitted for review indicates the patient has had complaints of low back pain and tenderness without neurological deficit. The clinical information also indicates that the patient has undergone prior physical therapy with subjective reports of decrease in pain and functional improvement. The most recent progress report dated 09/23/2013 documented objective findings of tenderness to the cervical and lumbar spine, left shoulder, and right knee. The patient's diagnoses included rule out cervicothoracic disc disease, rule out internal derangement of the right knee, and rule out shoulder impingement. Treatment plan included continuation of home exercise and a follow-up after QME.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The patient is a 49-year-old female who sustained a work related injury on 06/29/2012. The clinical information submitted for review indicates the patient has had complaints of low back pain and tenderness without neurological deficit. The clinical information also indicates that the patient has undergone prior physical therapy with subjective reports of decrease in pain and functional improvement. The most recent progress report dated 09/23/2013 documented objective findings of tenderness to the cervical and lumbar spine, left shoulder, and right knee. The patient's diagnoses included rule out cervicothoracic disc disease, rule out internal derangement of the right knee, and rule out shoulder impingement. Treatment plan included continuation of home exercise and a follow-up after QME.