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| Case Number: | CM13-0031998 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 02/04/2011 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 09/17/2013 |
| Priority: | Standard | Application Received: | 09/27/2013 |

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 47 year old female who reported an injury on 02/04/2011. The mechanism of injury was a fall. The patient experienced pain in the neck, right shoulder, low back, and left hip a few months after her injury. She has since developed depression and anxiety, and has recent diagnoses of lumbar disc syndrome; L3 radiculopathy; cervical strain; right rotator cuff tendonitis; and trochanteric bursitis of the left hip. She also received an EMG/NCV on 04/30/2013 that reported no radiculopathy in the bilateral lower extremities. There was a MRI imaging study performed on 10/24/2012 that showed mild lumbar disc dessication, a 2mm posterior disc bulge at L4-5 with an annular tear seen posteriorly. There have been multiple requests for epidural steroid injections, but they have not yet been approved. The patient has received an unknown duration of physical and aquatic therapy, and is currently relying on intramuscular Toradol injections and oral medication for management of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: California MTUS and ACOEM guidelines do not address repeat MRIs, therefore, the Official Disability Guidelines were supplemented. ODG does not recommend repeat MRIs unless there is a significant change in symptoms or suspicion of a particular pathology, such as a tumor, fracture, infection, etc. The clinical notes provided for review do not indicate a significant change in the patient's symptoms, nor suspicion of a significant pathology. As such, the request for MRI of the lumbar spine is non-certified.