

Case Number:	CM13-0032096		
Date Assigned:	12/04/2013	Date of Injury:	01/25/2010
Decision Date:	01/17/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/07/2013

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 Radiology and is licensed to practice in Texas. 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 63 year old male who reported an injury on 01/25/2010. As noted in the clinical documentation, the patient stated he was removing the lid from a cement cleaning tank, the pressure made dry cement fell on him. The patient complained of pain to his lower back which goes to the right leg and then to the left. The patient also stated there in numbness sometimes. The patient also complained of neck pain when turn his head to the left and left shoulder pain. As recent as 06/25/2012, the patient was diagnosed with cervical discopathy and lumbar discopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of the lumbar spine with 3D rendering and interpretation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA 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. The clinical information submitted did not include a recent and thorough examination of the patient documenting evidence of significant findings to support imaging at this time. Due to a lack of recent physical examination, previous imaging studies or treatment records for this patient, this request is non-certified.

One (1) MRI of the left shoulder with 3D rendering and interpretation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: CA MTUS/ACOEM guidelines state that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises; stress radiographs simply confirm the clinical diagnosis. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Imaging findings can be correlated with physical findings. The clinical information submitted did not include a recent and thorough examination of the patient documenting evidence of significant findings to support imaging at this time. Due to a lack of recent physical examination, previous imaging studies or treatment records for this patient, this request is non-certified.