

Case Number:	CM13-0053316		
Date Assigned:	12/30/2013	Date of Injury:	05/17/2013
Decision Date:	03/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 48-year-old female who reported a repetitive stress injury on 05/17/2013. The patient is diagnosed with lumbar spine strain, cervicothoracic spine strain, bilateral shoulder impingement syndrome, depression, and abdominal pain. The patient was seen by [REDACTED] on 10/08/2013. The patient reported ongoing bilateral shoulder, lower abdominal, bilateral lower extremity, and low back pain. Physical examination revealed muscle guarding and spasm, tenderness to palpation of bilateral shoulders, positive supraspinatus testing on the right, positive Neer testing on the right, and paraspinal musculature tenderness to palpation. The treatment recommendations included continuation of current medication, a request for an EMG/NCV of bilateral upper and lower extremities, and a request for an MRI of the cervical, thoracic, lumbar, bilateral shoulders and head.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS/ACOEM Practice guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including an MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's physical examination of the lumbar spine on the requesting date of 10/08/2013 only revealed muscle guarding with spasm and tenderness. There was no evidence of tissue insult or nerve impairment. There is also no documentation of an exhaustion of conservative treatment prior to the request for an imaging study. The medical necessity for the requested procedure has not been established. Therefore, the request is non-certified.