

Case Number:	CM13-0053939		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2009
Decision Date:	03/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/19/2013

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 37-year-old female who reported an injury on 08/28/2009. The mechanism of injury was not provided in the medical records. Her initial course of treatment is unclear; however, it is noted that she received an unspecified right shoulder surgery in 11/2011. She subsequently underwent a course of physical therapy, but continued to have range of motion limits in the right shoulder. The patient also complained of cervical pain with intermittent numbness and tingling to the bilateral upper extremities. An MRI of the cervical spine performed on an unknown date revealed unspecified disc damage, and she received an unknown duration of physical therapy for this as well. The patient was later diagnosed with bilateral carpal tunnel syndrome and was treated appropriately. Qualified medical evaluation dated 04/30/2013 revealed that the patient complained of constant lower back pain radiating to the right lower extremity. She also complained of continued pain to the bilateral wrists and shoulders, as well as the neck. An EMG/NCV of the bilateral lower extremities performed in 2010 revealed no evidence of radiculopathy. The patient is also noted to have negative straight leg raising and asymmetric range of motion loss of the lumbar spine during flexion; however, no numerical values were provided. Her muscle strength was 5/5 and she was noted to have a normal gait. No other clinical information was submitted for review.

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: 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: The MTUS/ACOEM Guidelines recommend MRIs for back pain of at least 3 months' duration, failure of conservative treatment, and when there is unequivocal objective findings identifying specific nerve compromise. The clinical information submitted for review failed to provide evidence that the employee has received any physical therapy for the low back complaints. Furthermore, the references to any lumbar pain since the original injury has been intermittent and vague. As there is no recent physical examination providing objective findings of any neurologic involvement, and the employee is over 6 years post initial injury, an MRI is not warranted at this time. Furthermore, guidelines indicate that imaging studies should be reserved for cases in which surgery is considered or red flag conditions present themselves, as false positive findings on imaging studies can lead to unnecessary treatments. As the employee has not undergone conservative therapy to treat the lower back complaints, the medical necessity of this request has not been established. As such, the request for MRI of the lumbar spine is non-certified.