

Case Number:	CM13-0057936		
Date Assigned:	12/30/2013	Date of Injury:	08/14/2013
Decision Date:	08/25/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 14, 2013. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated November 8, 2013, the claims administrator denied a request for a lumbar MRI. The applicant's attorney subsequently appealed. It appears that the request for lumbar MRI imaging was initiated via a request for authorization form dated October 24, 2013, in which a shoulder MRI, cervical spine MRI, and lumbar MRI were also sought along with chiropractic manipulative therapy and physical therapy. On a progress note of October 17, 2013, the applicant presented with multifocal 2-5/10 low back, neck, and shoulder pain. The applicant did exhibit some signs of internal impingement about the shoulder. Lumbar range of motion was somewhat limited, apparently secondary to pain. The applicant was given diagnoses of cervical strain, lumbar strain, and impingement syndrome of shoulder. The applicant was also having some issues with psychological stress. MRI imaging of the cervical spine, lumbar spine, and shoulder were sought, along with 12 sessions of chiropractic manipulative therapy. The applicant was placed off of work, on total temporary disability.

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): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no evidence that lumbar spine surgery is being actively considered or contemplated. Rather, the applicant's multifocal pain complaints, including complaints of shoulder pain, neck pain, and low back pain, coupled with issues with anxiety, stress, and sleep disturbance, taken together, argue against any focal neurologic compromise for which the applicant would be a candidate for any kind of surgical intervention insofar as the lumbar spine is concerned. Therefore, the request is not medically necessary.