

Case Number:	CM13-0059417		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2004
Decision Date:	03/24/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

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 and 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 45-year-old female who reported an injury on 07/29/2004 secondary to repetitive lifting. The patient is currently diagnosed with bilateral carpal tunnel syndrome, status post right carpal tunnel release, status post right lateral epicondylar release, right L4 radiculopathy versus chronic regional pain syndrome, and chronic regional pain syndrome in the right upper extremity. The patient was seen by [REDACTED] on 09/04/2013. The patient reported ongoing pain to the bilateral upper extremities. Physical examination of the lumbar spine revealed 5/5 motor strength in the bilateral lower extremities and 2+ reflexes. Treatment recommendations included a request for authorization for a pain management consultation and MRI of the lumbar spine, as well as random urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Magnetic Resonance Imaging (MRI) w/o: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: 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 MRI for neural or other soft abnormality. As per the documentation submitted, there is no evidence of a comprehensive physical examination of the lumbar spine. The patient's physical examination only revealed 5/5 motor strength in the bilateral lower extremities with 2+ reflexes. There was no evidence of lower extremity symptoms or signs or symptoms of radiculopathy. There is also no documentation of an exhaustion of conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.