

Case Number:	CM13-0064585		
Date Assigned:	01/03/2014	Date of Injury:	08/01/2013
Decision Date:	05/12/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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:

This is a 58-year-old patient status-post injury August 1, 2013. The patient has right shoulder, right elbow, low back, and neck complaints. The patient has been treated with activity modification, medication, and chiropractic care. A November 11, 2013 chiropractic note identifies that the patient has neck pain, left shoulder pain, low back pain, and bilateral knee pain. There is tenderness over the lumbar spine and limited range of motion with pain. There is documentation of an November 28, 2013 adverse determination due to lack of documentation of objective measures of radiculopathy, red flag conditions, evidence of myelopathy, or cauda equina syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR SPINE W/O DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there is no indication that the patient has true radicular findings with motor, reflex or sensory changes. There are no red flag conditions and there is no consideration for surgical intervention noted. The request for an MRI of the lumbar spine without dye is not medically necessary or appropriate.