

Case Number:	CM13-0068154		
Date Assigned:	01/03/2014	Date of Injury:	07/18/2013
Decision Date:	04/11/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 patient is a 50 year-old with a date of injury of 07/18/13. A progress report associated with the request for services, dated 12/05/13, identified subjective complaints of neck, low back, and left shoulder pain. Objective findings included decreased range-of-motion of the left shoulder. Straight leg-raising test was positive. There was normal strength in both upper and lower extremities. There was decreased sensation in the lateral aspect of the left leg. Diagnoses included neck sprain/strain and lumbar disc disease as well as an unspecified disorder of the shoulder. Current treatment was not listed but has included past chiropractic therapy. A Utilization Review determination was rendered on 12/12/13 recommending non-certification of "MRI Lumbar Spine".

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are not unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Likewise, there is no mention of possible surgery. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.