

Case Number:	CM13-0072514		
Date Assigned:	01/08/2014	Date of Injury:	10/01/2011
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Physical medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 injured worker is a 60-year-old female who reported an injury on 10/01/2011, due to an unknown mechanism. The clinical note dated 01/08/2014 indicated the injured worker had complaints of low back and right shoulder pain. The low back pain radiated in the lower extremities and the shoulder pain presented with limited range of motion. The injured worker's physical examination findings revealed that the injured worker was able abduct and forward flex to about 150 degrees, and she had significantly decreased internal rotation and complained of pain with movement. The injured worker was diagnosed with mid back/right chest pain, neck pain, and right upper extremity pain, low back and right lower extremity pain, and right shoulder pain. The provider recommended an MRI of the lumbar spine. The provider's rationale was not provided in the medical documents for review. The Request for Authorization form was not provided in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 12,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 177-179.

Decision rationale: The request for an MRI of the lumbar spine is non-certified. The California MTUS/ACOEM Guidelines state special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies are an emergence of a red flag, psychologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of an anatomy prior to an invasive procedure. The medical documents provided lack evidence of the injured workers failure to respond to conservative care treatments, which would include physical therapy and medication. There was also a lack of objective neurological deficits on examination to support the necessity of the requested MRI. Therefore, based on the documentation provided, the request is non-certified.