

Case Number:	CM14-0009095		
Date Assigned:	02/14/2014	Date of Injury:	05/20/2011
Decision Date:	08/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/23/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57-year-old female with an injury date on 05/20/2011. Based on the 01/07/2014 progress report provided by [REDACTED], the diagnoses are: 1. Pain in joint shoulder-Bilateral, S/P Right Shoulder Arthroscopy; 2. Pain in joint lower leg S/P Left. Knee Arthroscopy; 3. Neck Pain; 4. Disorders sacrum; 5. Sciatica. According to this report, the patient complains of bilateral shoulder, neck, low back and bilateral knee pain. The patient is status post left knee arthroscopy in August 2011 and status post right shoulder arthroscopy April 2013. There were no other significant findings noted on this report. [REDACTED] is requesting MRI of the lumbar spine. The utilization review denied the request on 12/23/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 01/07/2014 to 04/02/2014.

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): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the 01/07/2014 report by [REDACTED] this patient presents with bilateral shoulder, neck, low back and bilateral knee pain. The most recent progress report is dated 01/07/2014 and the utilization review letter in question is from 12/23/2013. The treating physician is requesting a MRI of the lumbar spine. The UR denial letter state the medical file does not document radiculopathy. Regarding MRI study, ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of the available reports did not include findings that identify specific nerve compromise, no discussion regarding the patient's low back pain and why there is a need for a MRI. Furthermore, the patient does not present with any neurologic signs or symptoms such as radiating pain into the leg. Given the above, the request is not medically necessary.