

Case Number:	CM14-0017736		
Date Assigned:	04/16/2014	Date of Injury:	06/25/2013
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology and Pain 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:

The injured worker is a 33-year-old male who reported an injury on 6/25/13; the mechanism of injury was not provided for review. The clinical note dated 1/24/14 noted that the injured worker presented with pain over his bilateral knees, left shoulder, and low back. Upon physical exam, there was spasm and tenderness over the lumbar spine, limited range of motion with flexion and extension of the left shoulder, positive impingement sign, and deltoid weakness of 4+/5. Tenderness over the right knee joint was noted with no significant swelling. The injured worker was diagnosed with lumbar and cervical sprain/strain with radiculopathy, left shoulder impingement, and right knee sprain, tenderness, and tendinosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI WITHOUT DYE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, CHAPTER 12 (LOW BACK COMPLAINTS),

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

Decision rationale: The California MTUS/ACOEM Guidelines state that 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, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The medical documents lack evidence of the injured worker's failure to respond to conservative care treatments, which would include physical therapy and medication. The submitted request did not specify the location for the requested MRI. As such, the request is not medically necessary.