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| Case Number: | CM14-0021768 | | |
| Date Assigned: | 05/05/2014 | Date of Injury: | 11/13/2013 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/20/2014 |

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 Orthopedic Surgery and is licensed to practice in Maryland. 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 40 year old male who was injured on 11/13/13 secondary to motor vehicle accident in which his 18 wheeler rolled over. He initially complained of neck pain, with subsequent complaints of low back pain and right shoulder pain. Records documented that the injured worker had physical therapy treatment for the lumbar spine and right shoulder. Per operative report dated 12/03/13 the injured worker underwent removal of glass fragments to the right arm. He was seen on 01/20/14 by [REDACTED]. He presented with low back pain and bilateral leg pain and right shoulder pain. Examination at that time demonstrated normal and symmetrical reflexes. No detailed neurological examination with motor and sensory testing was reported. No special orthopedic testing of the right shoulder was performed, although [REDACTED] reported restricted shoulder range of motion in abduction and flexion. Diagnosis was neck sprain, unspecified disc disorder lumbar spine, and right shoulder sprain. The injured worker was recommended to undergo 12 chiropractic visits including spinal manipulation and physiotherapy modalities and MRI of the lumbar spine and of the right shoulder. Request for MRI lumbar spine was reviewed on 01/31/14 and non-certification was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: Per ACOEM guidelines, 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 an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There is no detailed physical examination with evidence of motor or sensory changes that would necessitate advanced imaging such as MRI. The injured worker is still undergoing conservative measures and assessment of the response to treatment should be completed prior to proceeding with MRI. There is no documentation that plain radiographs have been obtained. Given the current clinical data, medical necessity is not established for lumbar spine MRI.