

Case Number:	CM14-0023440		
Date Assigned:	06/11/2014	Date of Injury:	05/20/2011
Decision Date:	07/22/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 who was injured on 05/20/2011. She sustained an injury to her lower back, neck, right shoulder and left knee when she slipped and fell. Prior medication history included Naproxen, Hydrocodone, and Protonix. Consultation report dated 12/04/2013 indicated the patient complained of bilateral shoulder pain. She also reported back pain which becomes more severe by the end of the day. On examination of the lumbar spine, she has limited flexion to 60 degrees; extension to 23 degrees; rotational and side-to-side movements limited to 15 degrees. There is spasm and guarding at the base of the lumbar spine. There was tenderness to palpation at the medial joint line, absent on the right. Diagnoses are internal derangement, right shoulder, status post arthroscopic surgery, healed with residuals, chronic cervical strain, and chronic lumbar spine. The treatment and plan included MRI of the lumbar spine. Progress report dated 01/24/2014 denies the request for MRI of the lumbar spine as there is no documentation of radiculopathy or other progressive neurological conditions to support medical necessity.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, MRIs.

Decision rationale: California MTUS/ACOEM states, "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The ODG guidelines regarding use of MRI in diagnosing pathology in the lumbar sacral spine in the chapter "low back pain recommends that without clear objective findings, MRIs produce a high degree of abnormal findings that commonly displays pathology that is not responsible for the patients symptom. The medical records submitted for my review indicates that patient's muscle strength is within normal limits (5/5 strength in leg extensors, ankle dorsiflexors and plantarflexors, and EHL. It is also noted in the records, patient's reflexes are 2+ and symmetrical with no muscle wasting even though patient's accident occurred more than 2 years ago. Additionally, patient's symptoms are worsened at night and clinical findings are spasms, restricted range of motions, antalgic gait with subjective numbness and pain into both legs. However there are no objective findings of any neurological deficits. Therefore, based on clinical findings submitted and based on medical standards regarding indication for MRI in chronic LBP, MRI is not medically necessary.