

Case Number:	CM14-0044785		
Date Assigned:	06/23/2014	Date of Injury:	03/01/2011
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 57-year-old female who reported an injury on 03/01/2011. The injury reported was that while vacuuming, the injured worker heard a pop in her shoulder. Diagnoses include status post right shoulder arthroscopic subacromial decompression, low back discogenic injury and cervical and discogenic injury. Prior treatments included surgery, a TENS unit, medications, home exercise, physical therapy and corticosteroids. Within the clinical note dated 02/05/2014 reported the injured worker complained of neck and back pain. Upon physical examination of the lower back, the provider noted diffuse tenderness throughout the lower lumbar area with limited range of motion and a positive straight leg raise. The provider requested an MRI of the lumbar spine. However, a rationale was not provided for the clinical review. A Request for Authorization was submitted and dated 02/27/2014.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The request for an MRI of the lumbar spine is non-certified. The injured worker complained of neck and back pain. She reported that her right shoulder had improved since surgery. The California MTUS/American College of Occupational and Environmental Medicine note that clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. There is a lack of documentation indicating neurological deficits, such as weakness, decreased sensation and decreased motor strength. There is lack of documentation regarding the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery, requiring an MRI. The rationale for the request was not provided. The medical necessity for imaging was not established.