

Case Number:	CM14-0061919		
Date Assigned:	07/11/2014	Date of Injury:	04/23/2012
Decision Date:	10/14/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	05/05/2014

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 Family Medicine, and is licensed to practice in Utah. 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 43 year-old male. The patient's date of injury is 4/23/2012. The mechanism of injury was described as a fall off of a ladder. The patient has been diagnosed with low back pain, and nontraumatic complete tear of rotator cuff. The patient's treatments have included, surgery of shoulder, myofascial release, manual therapy, imaging studies, and medications. The patient had a MRI of the lumbar spine on 4/2/2014. A nerve conduction study was performed, and stated within normal limits, with no evidence of electrical instability. The physical exam findings dated 6/25/2014 forward flexion in the right 170/left 160. The external rotation is right 70/50. There is end range pain noted in the left side. There are no other back findings stated. The patient's medications have included, but are not limited to, Norco and Naproxen. The request is for an MRI of the lumbar spine.

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 without contrast, as outpatient: 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): 305.

Decision rationale: MTUS guidelines state despite the lack of strong medical evidence supporting it, diskography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: Back pain of at least three months duration; Failure of conservative treatment; Satisfactory results from detailed psychosocial assessment; Is a candidate for surgery; Has been briefed on potential risks and benefits from diskography and surgery. According to the clinical documentation provided and current MTUS guidelines; an additional MRI is not indicated as a medical necessity to the patient at this time.