MAXIMUS Federal Services

Case Number:	CM14-0065752		
Date Assigned:	07/11/2014	Date of Injury:	01/15/2014
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/09/2014

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 & 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:

This 27 year-old patient sustained an injury on 1/15/14 while employed by [redacted]. Request(s) under consideration include MRI Lumbar Spine. Report of 3/27/14 from the provider noted the patient was without improvement in the neck and back symptoms with also discomfort in the right shoulder. Exam showed mild diffuse nonspecific tenderness; neck discomfort with range of motion in all planes; back noted discomfort with flex/ext; tenderness throughout thoracolumbar spine; right shoulder with TTP anteriorly with full 170 degrees in abduction and flexion; IR able to touch inferior aspect of scapulae bilaterally; there was full 5/5 motor strength of shoulder abductors/ internal and external rotators; no instability noted; positive impingement; full 5/5 motor strength in upper extremities; special testing were negative. Diagnoses included rule out cervical thoracic lumbar disease and shoulder rotator cuff disease. Conservative care has included medications, physical therapy, and modified activities/rest. Request(s) for MRI Lumbar Spine was non-certified on 4/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 303-304.

Decision rationale: This 27 year-old patient sustained an injury on 1/15/14 while employed by [redacted]. Request(s) under consideration include MRI Lumbar Spine. Report of 3/27/14 from the provider noted the patient was without improvement in the neck and back symptoms with also discomfort in the right shoulder. Exam showed mild diffuse nonspecific tenderness; neck discomfort with range of motion in all planes; back noted discomfort with flex/ext; tenderness throughout thoracolumbar spine; right shoulder with TTP anteriorly with full 170 degrees in abduction and flexion; IR able to touch inferior aspect of scapulae bilaterally; there was full 5/5 motor strength of shoulder abductors/ internal and external rotators; no instability noted; positive impingement; full 5/5 motor strength in upper extremities; special testing were negative. Diagnoses included rule out cervical thoracic lumbar disease and shoulder rotator cuff disease. Conservative care has included medications, physical therapy, and modified activities/rest. Request(s) for MRI Lumbar Spine was non-certified on 4/11/14. Per ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.