MAXIMUS Federal Services

Case Number:	CM14-0066462		
Date Assigned:	07/11/2014	Date of Injury:	12/24/2012
Decision Date:	09/09/2014	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 Occupational Medicine 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:

Per the records provided, there was a complaint of lower back pain, cervical spine pain, left hip pain, bilateral knee and ankle pain. The light touch sensation of the right mid anterior thigh, mid lateral calf and right lateral ankle were intact. The clinical impressions were cervical spine strain, lumbar spine strain, left hip strain, right knee strain, left knee internal derangement and a left ankle strain. This was a request for an MRI of the lumbar spine. No surgeries are documented. The patient had low back pain and several other areas of pain. There was a light touch sensation on the right mid to anterior thigh. He did not demonstrate strong neurologic signs, nor was a surgical candidate. There was a primary treating physicians medical evaluation from September 5, 2013 with the [redacted]. There was an initial evaluation for a new injury from October 2012. Her overall condition was getting worse. She received no additional testing. She was prescribed omeprazole. She has developed right foot pain. She still had neck pain and low back pain and left shoulder pain and left forearm pain and left hip pain. The diagnosis was a left forearm strain. They will start physiotherapy. They will consult with pain medicine in regard to the chronic pain. There was a Doctor's First Report of Injury from September 25, 2013. There were also primary treating physician reports from August 28, 2013. She has heartburn that started 2 to 3 weeks ago after taking medicine. There was an Agreed Medical Exam from November 7, 2013. She had injuries to her cervical spine, lumbar spine, left shoulder, left ankle and knees while working as a housekeeper for [redacted]. The left shoulder injury appeared to be due to the instantaneous injury that occurred on October 2012. There was degenerative AC joint arthritis. Future medical care includes moist heat and over-the-counter anti-inflammatory medicines. There should be short courses of physical therapy no more than two sessions in any given year up to a three-week duration per session, twice a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

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

Decision rationale: The MTUS notes that 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. In this case, there were no unequivocal findings, and no evidence of non-response to treatment, or that the claimant is a surgical candidate. The MTUS notes further that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There did not even appear to be equivocal neurologic findings. This request is not medically necessary.