

Case Number:	CM14-0076324		
Date Assigned:	07/18/2014	Date of Injury:	06/26/2011
Decision Date:	09/10/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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:

This patient is a 48 year-old female who developed chronic left shoulder, knee and low back pain subsequent to an injury dated 6/26/11. Her back pain is described to radiate to both lower extremities, but there are no additional details reported by the requesting physician (i.e. is there radiation below the knees? Does it follow a dermatomal distribution? Is there a change in the nature of the pain and radiation). In addition, there is no neurological exam of the lower extremities. A lumbar MRI performed on 1/08/12 revealed mild degenerative changes at L3-4. Electrodiagnostic studies on 10/16/13 revealed soft findings of a left S1 radiculopathy (H-wave slowing), but the evaluating Neurologist questioned the validity.

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.

Decision rationale: MTUS Guidelines support MRI studies if there are unequivocal signs of nerve root compromise or the individual is thought to be a surgical candidate. Official Disability

Guidelines (ODG) recommend repeat MRI studies only if there is a definite objective deterioration in a patient's condition. The requesting provider does not provide evidence that meets the Guideline standards for repeat MRI studies. No significant change in subjective complaints has been documented and no neurological exam or deficit has been documented. Per Guideline standards the requesting physician has not established the medical necessity of repeat lumbar MRI scanning.