

Case Number:	CM13-0023122		
Date Assigned:	03/17/2014	Date of Injury:	06/28/2010
Decision Date:	03/26/2015	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 53-year-old who has filed a claim for chronic shoulder pain reportedly associated with cumulative trauma at work between the dates of March 23, 2004 through June 8, 2010. In a Utilization Review Report dated August 4, 2013, the claims administrator failed to approve a request for lumbar MRI imaging. The claims administrator referenced a July 3, 2013, progress note in its determination. The applicant's attorney subsequently appealed. On July 3, 2013, the applicant reported ongoing complaints of shoulder pain. 170 degrees of shoulder flexion and abduction were appreciated. A right shoulder arthroscopy-subacromial decompression procedure was endorsed. On July 31, 2013, the attending provider appealed previously denied shoulder surgery. In a handwritten note dated July 22, 2013, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and low back pain, 7/10, radiating to bilateral lower extremities. Tenderness and muscle spasm is appreciated. MRI imaging of the lumbar spine and physical therapy were endorsed. In an earlier note dated June 6, 2013, the attending provider stated that he was intent on pursuing multilevel cervical fusion surgery and was also intent on obtaining lumbar MRI imaging. As with the subsequent note, the note was handwritten, thinly and sparsely developed, and difficult to follow.

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 Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: 1. No, the proposed lumbar MRI is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was/is no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that the attending provider's documentation was thinly and sparsely developed, contained little-to-no narrative commentary, and did not clearly state or suggest the applicant was intent on pursuing any kind of surgical remedy involving the lumbar spine based on the outcome of the study. The fact that the applicant was also apparently pursuing cervical spine surgery and/or right shoulder surgery, significantly reduced the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.