

Case Number:	CM14-0110202		
Date Assigned:	08/01/2014	Date of Injury:	06/15/2013
Decision Date:	04/09/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 45-year-old female, with a reported date of injury of 06/15/2013. The diagnoses include lumbar disc syndrome, chronic thoracic spine sprain/strain, chronic lumbar spine sprain/strain, chronic lumbar radiculopathy, and chronic left shoulder internal derangement. Treatments have included x-rays, physical therapy, and chiropractic manipulative therapy. The medical report dated 04/30/2014 indicates that the injured worker complained of low back pain, left lower extremity pain, upper back pain, and left shoulder pain. The objective findings included an antalgic posture protecting the left lower back, decreased thoracic and lumbar spine range of motion, and decreased left shoulder range of motion. The treating physician requested an MRI of the lumbar spine. The referral for MRI of the lumbar spine dated 05/19/2014 indicates that the injured worker had unrelenting, moderate to severe pain in the low back, radiating into the left lower extremity. The patient continues to perform regular work. On 06/11/2014, Utilization Review (UR) denied the request from chiropractic provider for an MRI of the lumbar spine, noting that there was a lack of examination findings which would suggest the possibility of lumbar radiculopathy. The ACOEM Guidelines and the non-MTUS Official Disability Guidelines were cited.

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): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

Decision rationale: 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 is without specific dermatomal or myotomal neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Lumbar Spine is not medically necessary and appropriate.