

Case Number:	CM14-0190332		
Date Assigned:	11/21/2014	Date of Injury:	05/29/2010
Decision Date:	01/12/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, shoulder, and knee pain reportedly associated with an industrial injury of May 29, 2010. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for MRI imaging of the lumbar spine, right shoulder, cervical spine, left knee and right knee, along with electrodiagnostic testing of bilateral upper and bilateral lower extremities. Non-MTUS Third Edition ACOEM Guidelines were cited at the bottom of the report, although the text of these suggestions was not incorporated into the report. The claims administrator stated that its decision was based on a September 26, 2014 progress note. The claims administrator did allude to the applicant's having a history of previous right shoulder surgery, right carpal tunnel release surgery, previous psychiatric treatment, and previous cervical fusion surgery. The applicant's attorney subsequently appealed. The bulk of information on file, it is incidentally noted, comprised largely of historical Utilization Review Reports. In a handwritten note dated September 26, 2014, the applicant presented with multifocal complaints of shoulder, arm, and facial pain. The applicant was given diagnoses of cervical strain, lumbar strain, right shoulder surgery, right knee surgery, and left knee strain. The note comprised almost entirely of pre-printed check-boxes, with little to no narrative commentary. A pain management follow-up visit, psychiatry follow-up visit, internal medicine follow-up visit, neurological consultation, sleep study, and neurology consultation were sought, along with 12 sessions of physical therapy an H-wave device, and MRI imaging of numerous body parts, including the cervical spine, lumbar spine, right shoulder, right knee, and left knee. The applicant was asked to continue permanent work restrictions imposed by a medical-legal evaluator. The applicant did not appear to be working with said limitations in place.

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.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnosis is being evaluated. In this case, there was no mention of surgeries being considered here. There was no mention of any kind of surgical intervention being contemplated here. No rationale for the proposed lumbar MRI was set forth. The attending provider's documentation comprised almost entirely of pre-printed check-boxes with no narrative commentary as to how the proposed lumbar MRI would influence or alter the treatment plan. Therefore, the request is not medically necessary.