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| Case Number: | CM14-0197558 | | |
| Date Assigned: | 12/05/2014 | Date of Injury: | 05/10/2011 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 56-year-old female with a 5/10/11 date of injury, when she slipped and fell. The patient was seen on 10/28/2014 with complaints of achiness in the low back with pain on the left side. Exam findings revealed tenderness to palpation over the right anterior shoulder and over the right upper trapezius and levator scapulae musculature. The examination of the lumbar spine was not documented. The diagnosis is chronic lumbar sprain/strain, status post right shoulder arthroscopic rotator cuff repair left shoulder strain, and chronic right wrist sprain. Treatment to date: right shoulder arthroscopic rotator cuff repair (3/20/2014), work restrictions, and medications. An adverse determination was received on 11/21/2014 for a lack of documentation of clear objective findings present that would warrant imaging.

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): 303.

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

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, the unequivocal objective findings that would identify specific nerve compromise were not documented. In addition, the patient complained of pain and achiness of the lumbar spine with no radiation, numbness or tingling and the physical examination of the lumbar spine was not documented in the recent progress report. Therefore, the request for MRI of the lumbar spine is not medically necessary.