

Case Number:	CM14-0198271		
Date Assigned:	12/08/2014	Date of Injury:	08/20/2012
Decision Date:	01/20/2015	UR Denial Date:	10/27/2014
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 Physical Medicine and Rehabilitation 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 51 year-old patient sustained an injury on 8/20/12. Request(s) under consideration include MRI Lumbar Spine. Diagnoses include chronic neck sprain; thoracic sprain; myofascial pain; lumbosacral joint/ligament sprain; right shoulder sprain; chronic lower abdominal/pelvic pain; probable bladder prolapse; anxiety disorder; restless leg syndrome; and depression. Conservative care has included medications, physical therapy, chiropractic treatment; acupuncture, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 9/23/14 noted neck and right arm pain; low back pain; and abdominal pain and swelling with difficulty in urination and defecation. Medications list Tylenol, Amitriptyline, Dilantin, Paxil, and Lidoderm patch. Exam showed unchanged findings of limited cervical range; diffuse paracervical tenderness from C2-T1; parathoracic and paralumbar tenderness; and tenderness in lower abdomen with lumbar spasm. Treatment plan included continuation of medications, continuation of acupuncture and chiropractic treatment, MRI of lumbar spine and left shoulder. The request(s) for MRI Lumbar Spine was non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition(web) 2013, Low Back Chapter

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

Decision rationale: Medical record review showed MRI of lumbar spine report of 9/3/14 revealing mild disc protrusion at L3-4 and L4-5 without significant canal or neural foraminal stenosis or nerve impingement. MRI of the right shoulder dated 9/3/14 showed slight inflammatory changes of left AC joint and minimal tendinosis of supraspinatus tendon without tear or effusion with preserved glenohumeral joint. 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 repeating the MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact neurological exam without deficits throughout bilateral lower extremities nor is there any acute flare-up or new injury to indicate for repeat study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate. The MRI Lumbar Spine is not medically necessary and appropriate.