

Case Number:	CM14-0200160		
Date Assigned:	12/10/2014	Date of Injury:	06/14/2007
Decision Date:	01/26/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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 47-year-old female claimant who sustained a work injury on 6/14/07 involving the left knee, right shoulder and low back. She had a fall in 2008 due to her knee buckling which resulted in an injury to his back. An MRI in 2009 showed she had 3mm disc protrusion of L4-L5. She underwent a left knee partial replacement on April 16, 2014 for medial compartment arthritis. She was additionally diagnosed with right shoulder rotator cuff tendinitis. A progress note on 10/31/14 indicated the claimant had 6/10 left shoulder and back pain. Exam findings of the lumbar spine were notable for decreased range of motion of the lumbar spine and tenderness to palpation. An MRI of the lumbar spine was requested along with referral to a spine specialist.

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 (without dye): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain

neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. A consultation with a spine surgeon was pending. The request for an MRI of the lumbar spine is not medically necessary.