

Case Number:	CM14-0209172		
Date Assigned:	12/17/2014	Date of Injury:	07/24/2013
Decision Date:	02/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. The expert reviewer is Board Certified in Emergency 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:

Patient with reported date of injury on 7/24/2013. Mechanism of injury was not documented. Patient has a diagnosis of R shoulder superior labrum anterior posterior tear, R shoulder tendinitis, lumbar disc protrusion, lumbar neuritis and post lumbar epidural injection. Medical reports reviewed. Last report available until 11/11/14. Patient complains of low back pain radiating to legs with weakness and tingling. Objective exam reveals tenderness to palpation with guarding and spasms of paravertebral region and spinous process. Tenderness over sciatic notch. Seat straight leg raise is positive bilaterally. Strength is 4/5 and range of motion of lumbar spine is decreased. Myotomes had L2(hip flexors), L3(knee extensors) and L5(great toe extensor) 4/5 strength on R side. There is no rationale as to why MRI was requested for pre-operative planning. MRI of lumbar spine(10/14/13) reveals 3mm L paracentral disc protrusion at L4-5 with mild mass effect traversing L L5 nerve and mild L foraminal stenosis. Has reportedly undergone chiro, acupuncture, physical therapy and injections. Independent Medical Review is for "Lumbar MRI, 3T". Prior Utilization Review on 11/26/2014 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar MRI, 3T: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient meets criteria for MRI. Patient has had extensive conservative care with no improvement in pain or function. Exam shows myotomal weakness. Surgeon is also planning surgical intervention for persistent pain. MRI of lumbar spine is medically necessary.