

Case Number:	CM14-0088789		
Date Assigned:	07/23/2014	Date of Injury:	05/04/2010
Decision Date:	05/01/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California, Florida
Certification(s)/Specialty: Family Practice

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 injured worker is a 48-year-old female who reported an injury on 05/04/2010. The mechanism of injury was not stated. The current diagnoses include lumbar discogenic pain, status post right shoulder surgery on 10/31/2011, left shoulder impingement syndrome, right greater than left knee strain, right elbow strain, depression, and chronic pain syndrome. The latest Physician's Progress Report submitted for review is documented on 06/13/2014. The injured worker presented for a follow-up evaluation regarding the right shoulder and low back. The injured worker reported persistent low back and leg pain. Upon examination of the lumbar spine, there was 40 degrees flexion, 20 degrees extension, 20 degrees right and left tilt, 5/5 motor strength, mild sensory deficit involving the lower extremities, and 2+ deep tendon reflexes. Recommendations included continuation of the current treatment plan. A Request for Authorization form was then submitted on 06/13/2014.

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): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, there was no documentation of a significant musculoskeletal or neurological deficit upon examination. The injured worker previously underwent an MRI of the lumbar spine. The medical necessity for an additional imaging study has not been established, as there was no evidence of a progression or worsening of symptoms or examination findings. Given the above, the request is not medically appropriate.