

Case Number:	CM15-0008894		
Date Assigned:	01/26/2015	Date of Injury:	10/01/2009
Decision Date:	03/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: California
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 69 year old female, who sustained an industrial injury on 10/01/2009. A primary treating office visit dated 11/10/2014 reported a periodic update with subjective complaint of low back pain, neck pain, bilateral left leg pain, and left middle finger pain. She is diagnosed with cervical and lumbar disc degeneration with bulging, internal derangement shoulders, mild degenerative changes, knees and numerous other diagnoses. The patient is deemed permanent and stationary with future medical care. Continuing treatment includes; pending magnetic resonance imaging of lumbar, cervical spine and left knee; referring to consultation for shoulders and knees and return visit in 6 weeks. On 12/15/2014 Utilization Review non-certified a request for magnetic resonance imaging of lumbar spine, noting the CA MTUS Low Back was cited. The injured worker submitted an application for independent medical review on 01/15/2015.

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.

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

Decision rationale: According to guidelines it states Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. According to medical records there is no indication as to why MRI is needed and thus not medically necessary.