

Case Number:	CM15-0132794		
Date Assigned:	07/20/2015	Date of Injury:	04/24/2009
Decision Date:	08/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, 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 54-year-old female who sustained an industrial injury on 04/24/09. She reported neck pain and right upper extremity pain. Initial diagnoses are not available. Current diagnoses include lumbar facet syndrome, cervical disc syndrome, right shoulder rotator cuff syndrome, and thoracic spine pain. Diagnostic testing and treatment to date has included MRI cervical spine, MRI of the lumbar spine 2/2011, physical therapy, and pain medication management. Currently, the injured worker complains of neck, back, and right shoulder pain. She has constant, increased moderate to sharp, stabbing low back pain with occasional radiation and tingling down her bilateral lower extremities, rated as a 6-7 on a 10 point visual analog scale. Physical examination of the thoracolumbar spine is remarkable for 25% loss of lumbar flexion and extension, with slight moderate paravertebral muscle hypertonicity bilaterally between the shoulder blades, and over the iliolumbar spine; there is decreased sensation over the bilateral S1 dermatome distribution. Kemp's and Faber's tests were positive on the right. Requested diagnostic testing includes MRI of the lumbar spine. The injured worker is under work restrictions. Date of Utilization Review: 06/19/15.

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): 303-304. Decision based on Non-MTUS Citation ACOEM Guidelines 2007 Low Back Chapter Revision (pages 52-59); Official Disability Guidelines (http://odgtwc.com/odgtwc/low_back.htm).

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. The request for an MRI of the lumbar spine is not medically necessary. In this case, the claimant had an MRI 4 years ago. There was more pain but no change in neurological status. The MRI request was to update to find any changes from the prior MRI but there was no mention of acute physical findings on exam that could not be explained. The request is not medically necessary.