

Case Number:	CM15-0136219		
Date Assigned:	07/24/2015	Date of Injury:	01/17/2012
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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: Preventive Medicine, Occupational Medicine

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 47 year old man sustained an industrial injury on 1/17/2012. The mechanism of injury is not detailed. Diagnoses include left shoulder pain, lumbar spine sprain/strain with myospasms, left shoulder acromioclavicular joint osteoarthritis, left shoulder supraspinatus and infraspinatus tendinosis, left shoulder biceps anchor tear with tendinosis and tenosynovitis, multilevel disc protrusions of the lumbar spine, and lumbar spine disc desiccation. Treatment has included oral medications and lumbar epidural steroid injection. Physician notes dated 5/28/2015 show complaints of persistent low back pain rated 6/10. Recommendations include transdermal medicated compounds and follow up in six to eight weeks. A prior MRI is reported in the records which showed wide spread spondylosis. No significant changes in symptoms are reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI of the lumbar spine for DOS 3/18/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/MRI - repeat.

Decision rationale: ODG Guidelines do not directly address the medical necessity of repeat MRI scanning of the lumbar spine. ODG Guidelines address this issue and do not recommend repeat MRI scanning unless there are significant changes in an individual's clinical status. This repeat MRI does not meet the Guideline criteria. Persistent lumbar pain is reported, but there was/are no progressive neurological changes or significant changes in the type or location of pain. There are no unusual circumstances to justify an exception to Guideline recommendations. The Retrospective MRI of the lumbar spine for DOS 3/18/2014 was not supported by Guidelines and was not medically necessary.