

Case Number:	CM15-0138516		
Date Assigned:	07/28/2015	Date of Injury:	03/23/2010
Decision Date:	08/25/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male sustained an industrial injury on 3/23/10. He subsequently reported low back, neck, bilateral shoulder and bilateral knee pain. Diagnoses include strain of the lumbar spine. Treatments to date include MRI testing, knee and shoulder surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck, back, bilateral knee and bilateral shoulder pain. Upon examination, positive Neer test, Hawkins, impingement signs and O'Brien's testing were noted. A request for MRI lumbar spine w/o dye was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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-Lumbar & Thoracic (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in March 2010 and is being treated for neck, back, and bilateral knee and shoulder pain. An MRI of the lumbar spine in January 2012 included findings of lower lumbar disc desiccation with a left lateralized annular tear at L3-4 and minimal lower lumbar facet arthropathy. Recent treatments have included viscosupplementation injections for the right knee. When seen, there was right shoulder impingement testing. MRI scans of the shoulder and lumbar spine requested due to the claimant being severely symptomatic. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. The requested MRI was not medically necessary.