

Case Number:	CM15-0139429		
Date Assigned:	07/29/2015	Date of Injury:	02/08/2013
Decision Date:	08/26/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/17/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 61 year old female sustained an industrial injury sustained an industrial injury to the low back, left shoulder, left arm, left elbow and left wrist on February 8, 2013. Documentation did not disclose magnetic resonance imaging or x-rays. Previous treatment included acupuncture and medications. In a follow-up visit dated June 24, 2014, the injured worker complained of neck, low back, left shoulder, left elbow, left wrist, left hand, left leg and bilateral knee pain. The injured worker rated her pain 9 to 10 out of 10 on the visual analog scale. The physician noted that the injured worker had had surgery for left breast cancer and went through radiation and chemotherapy. Physical exam was remarkable for cervical spine with full range of motion and tenderness to palpation over the left superior trapezius and negative bilateral Spurling's maneuver, decreased left shoulder range of motion with positive Hawkin's test and negative Drop arm and Yergason's tests and intact sensation to bilateral upper extremities. Current diagnoses included disorders of bursae and tendons in the shoulder region and cervicgia. The treatment plan included x-rays and magnetic resonance imaging of the lumbar spine, pelvis and bilateral hips, physical therapy, an orthopedic surgeon consultation and medications (Menthoderm and Terocin patches).

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 61 year old female has complained of low back pain, shoulder pain, arm and elbow pain since date of injury 6/24/14. She has been treated with medications and physical therapy. The current request is for MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not medically necessary.

MRI of the pelvis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 61 year old female has complained of low back pain, shoulder pain, arm and elbow pain since date of injury 6/24/14. She has been treated with medications and physical therapy. The current request is for MRI of the pelvis. The available medical records show a request for MRI of the pelvis without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the pelvis is not medically necessary.

MRI of the bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: This 61 year old female has complained of low back pain, shoulder pain, arm and elbow pain since date of injury 6/24/14. She has been treated with medications and physical therapy. The current request is for MRI of the hips. The available medical records show a request for MRI of the hips without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the hips is not medically necessary.