

Case Number:	CM15-0141415		
Date Assigned:	07/31/2015	Date of Injury:	04/03/2013
Decision Date:	09/01/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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, North Carolina

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 50-year-old male who sustained an industrial injury on 4-3-03. He had loss of consciousness and had complaints of neck, right shoulder, right hand, and lower back pain. Treatments include medications and surgery. Progress report dated 5-5-15 reports continued complaints of low back pain with limited range of motion. He also has complaints of right hand pain and tenderness over well healed incision line. Plan of care: will need MRI scans of the cervical spine and lumbosacral spine before further treatment. Agreed medical evaluation report dated 5-13-15 reports complaints of consistent neck, right shoulder, right upper extremity pain and numbness and tingling of the right hand. The back pain radiates down his left leg with numbness and tingling. He also has complaints of headaches, forgetfulness and difficulty concentrating. Diagnoses include: status post fall with multiple body injury, traumatic brain injury with post-concussion syndrome, cervical sprain/strain injury, lumbosacral sprain/strain injury, possible lumbosacral disc injury, left S1 lumbosacral radiculopathy, right shoulder sprain/strain injury and right shoulder rotator cuff injury with possible tendinitis, rotator cuff bursitis, bilateral median neuropathy of carpal tunnel syndrome and myofascial pain syndrome involving cervical para-spinal musculature. Work status: temporarily totally disabled with modified work with limitation of no heavy lifting, pushing or pulling more than 10 pounds, no repetitive use of hand activity, also avoid frequent back bending and twisting and also prolonged standing and walking activities. Future medical treatment: MRI of the lumbosacral spine, MRI of the right shoulder, may include physical therapy, local cortisone injection for the right shoulder, lumbar epidural injection for low back, trial of acupuncture, chiropractic adjustment, use of TENS unit, carpal tunnel brace and may refer to orthopedic hand surgeon and neurologist for consistent headaches.

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 Page(s): 303.

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

Decision rationale: CA MTUS/ACOEM Guidelines support MRI when objective findings of nerve root compromise are present. In this patient, there is no evidence of nerve root compromise. There is no evidence of pain in a dermatomal distribution or lower extremity motor/sensory/reflex deficits. No red flags are documented. There is no documentation of previous x-rays or MRIs. The patient is not a surgical candidate. Therefore, the request for an MRI of the LS spine is not medically necessary.