

Case Number:	CM15-0182509		
Date Assigned:	09/23/2015	Date of Injury:	06/30/2015
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 63-year-old female who sustained an industrial injury on 6-30-15. The injured worker reported pain in the head, neck, back, bilateral shoulders, left wrist and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for cervical spine sprain strain, thoracic spine sprain strain, lumbar spine sprain strain, bilateral shoulder sprain strain, left wrist and hand sprain strain and bilateral knee sprain strain. Medical records dated 8-7-15 indicate, "Pain is decreased with chiropractic care." Provider documentation dated 8-7-15 noted the work status as return to modified work "PTD 8-3-15". Treatment has included chiropractic treatments, therapeutic exercise, physiotherapy, head computed tomography (6-30-15), and cervical spine computed tomography (6-30-15), cervical spine magnetic resonance imaging (8-29-15). Objective findings dated 8-7-15 were notable for tenderness to the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, and bilateral knees. The original utilization review (9-9-15) denied a request for magnetic resonance imaging lumbar without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s):
Special Studies.

Decision rationale: CA MTUS Guidelines support the use of special studies, including MRI, when red flags such as tumor, infection, fracture or dislocation. In addition, unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to conservative treatment and would consider surgery an option. Guidelines state that imaging studies should be reserved for case in which surgery is considered or red flag diagnoses are being evaluated. In this case, the patient has improved with conservative therapy (chiropractic and PT). There are no red flags present to warrant an MRI and surgery is not being considered. Therefore, the request for a lumbar MRI is not medically necessary or appropriate.