

Case Number:	CM15-0185361		
Date Assigned:	09/25/2015	Date of Injury:	04/17/2015
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 4-17-2015. The injured worker is being treated for neck sprain and strain, sprain and strain shoulder and upper arm left and brachial neuritis or radiculitis left. Treatment to date has included diagnostics including electrodiagnostic testing, physical therapy, acupuncture, medications and modified duty. Per the Primary Treating Physician's Progress Report Addendum dated 7-30-2015, the injured worker reported left shoulder pain rated as 3 out of 10. He reports that the pain is slightly better but there is now numbness from the left scapula to the left elbow with full range of motion. Objective findings included tenderness to palpation the trapezius. There is no documentation regarding the lower back or lumbar spine. Work status was not documented at this visit. The plan of care included follow-up care. Per the progress notes dated 8-18-2015, the injured worker was evaluated for neck pain and left shoulder pain. There is no documentation regarding the lumbar spine. Work status was modified and the plan of care included magnetic resonance imaging (MRI) of the cervical spine and electrodiagnostic testing. On 8-28-2015, Utilization Review non-certified the request for MRI of the lumbar spine.

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 Low Back Complaints 2004.

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

Decision rationale: According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case, the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the lumbar spine is not medically necessary.