

Case Number:	CM15-0199907		
Date Assigned:	10/15/2015	Date of Injury:	08/23/2013
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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: Anesthesiology, 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 65 year old female sustained an industrial injury on 8-23-13. Documentation indicated that the injured worker was receiving treatment for cervical and lumbar radiculitis, right shoulder rotator cuff tear and adhesive capsulitis. The injured worker underwent right shoulder rotator cuff repair on 7-14-14 and revision of distal clavicle resection on 2-26-15. In a PR-2 dated 8-24-15, the injured worker continuing ongoing pain and radicular symptoms in her extremities emanating from her neck and low back. Physical exam was remarkable for "modest" tenderness to palpation in the right paracervical area, mild hypertonia with tenderness to palpation in the right trapezius and some muscle guarding involving the left side of the paralumbar region. The treatment plan included magnetic resonance imaging of the neck and low back, interferential unit and continued use of lumbar support orthotic. On 9-28-15, Utilization Review noncertified a request for magnetic resonance imaging of lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Diagnostic Criteria.

Decision rationale: Notes that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery and option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Per ODG, Low Back Procedure Summary, Indications for MRI, Thoracic spine trauma with neurological deficit, Lumbar spine trauma with neurological deficit, Lumbar spine trauma, seat belt (chance) fracture (if focal, radicular findings or other neurologic deficit), Uncomplicated low back pain: suspicion of cancer, infection or "other red flags," uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit, uncomplicated low back pain, prior lumbar surgery, uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurologic deficit related to spinal cord), traumatic Myelopathy, painful Myelopathy, sudden onset Myelopathy, stepwise progressive Myelopathy, slowly progressive Myelopathy, infectious disease injured worker Myelopathy, oncology injured worker. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for lumbar MRI nor does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.