

Case Number:	CM15-0209854		
Date Assigned:	10/28/2015	Date of Injury:	05/06/2013
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/26/2015

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, California

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 37 year old male, who sustained an industrial injury on 5-6-2013. A review of the medical records indicates that the injured worker is undergoing treatment for postsurgical right shoulder labral tear, left shoulder labral tear, right knee small chondral defect medial femoral condyle, and lumbar disc injury. On 10-8-2015, the injured worker reported pain and weakness in the right knee rated a 4 on 0-10 pain scale, constant left knee pain rated 3-4 with weakness, lower back pain rated 3 on a 0-10 scale, weakness and pain in the right shoulder rated a 3, and left shoulder pain not as bad as the right. The Primary Treating Physician's report dated 10-8-2015, noted the injured worker's current medications as Ambien, Celebrex, Xanax, and Dexilant. The physical examination was noted to show positive empty can test with altered gait favoring the right lower extremity. Prior treatments have included right knee surgeries and right shoulder surgery. The treatment plan was noted to include a request for a lumbar MRI without contrast to evaluate the low back pain, "conservative in office treatments including massage, laser therapy, TENS unit", orthopedic injuries deferred to current treating surgeons, and medications of Ambien, Lorazepam, Pantoprazole, and Celebrex. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization dated 10-9-2015, requested a MRI of the lumbar spine. The Utilization Review (UR) dated 10-15-2015, denied the request for a 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, Section(s): Special Studies.

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

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.