

Case Number:	CM15-0224532		
Date Assigned:	11/20/2015	Date of Injury:	07/29/2014
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/16/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 45 year old male who sustained an industrial injury on 07-29-2014. Medical records indicated the worker was treated for cervical thoracic and right shoulder strain. In the provider notes of 10-07-2015, the injured worker complained of pain in the neck, upper back, and right shoulder-arm. He had no new complaints of numbness, tingling, or loss of bowel or bladder control. On his very limited exam, he has light touch sensation diminished to the right lateral shoulder, right dorsal thumb web, right index tip and right small tip. His significant increase in right shoulder pain occurred after the needle for a MR arthrogram was inserted into his shoulder in July. He complains of pain that is a 5-6 on a scale of 01-10. His arthrogram on 07-27-2015 showed no tear of the supraspinatus tendon, no abnormal osseous lesions, and the irregularity, cystic changes and edema involving the distal end of the clavicle is unchanged. The finding was normal intra-articular opacification of the glenohumeral joint. There is no examination of the lumbar spine. A request for authorization was submitted for MRI of the lumbar spine. A utilization review decision 10-29-2015 non-certified the request.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic MRI's.

Decision rationale: MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). Indications for imaging. Magnetic resonance imaging. Thoracic spine trauma: with neurological deficit. Lumbar spine trauma: trauma, 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, 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 (neurological deficit related to the spinal cord), traumatic. Myelopathy, painful Myelopathy, sudden onset Myelopathy, stepwise progressive Myelopathy, slowly progressive Myelopathy, infectious disease patient- Myelopathy, oncology patient In this case there are no documentation motor or sensory deficits of the lower extremities or lower back pain. There is no documentation of red flags. There is no medical indication for MRI of the lumbar spine. The request is not medically necessary.