

Case Number:	CM15-0034712		
Date Assigned:	03/03/2015	Date of Injury:	06/10/2008
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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, West Virginia, Pennsylvania
 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 34-year-old male, who sustained an industrial injury on 6/10/08. He has reported low back injury. The diagnoses have included lumbar spine surgery and right shoulder strain. Treatment to date has included lumbar decompression surgery, physical therapy and oral medications. Currently, the injured worker complains of low back and right shoulder pain. Physical exam dated 12/2/14 noted he would like to continue with his current pain medications. On 1/28/15 Utilization Review non-certified lumbar spine (MRI) magnetic resonance imaging, noting the lack of information of recent significant clinical deterioration and no physical findings suggestive of nerve root compromise in the lumbar spine. The MTUS, ACOEM Guidelines and ODG were cited. On 2/24/15, the injured worker submitted an application for IMR for review of lumbar spine (MRI) magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: Guidelines state that an imaging study might be appropriate for a patient with symptoms for longer than 1 month to further evaluate the possibility of potentially serious pathology. In this case, the clinical documentation failed to indicate subjective complaints or objective findings that would suggest recent clinical deterioration, nerve root compromise, reflex change or abnormal sensory exam. Thus, the request for MRI lumbar spine is not medically necessary and appropriate.