

Case Number:	CM15-0039633		
Date Assigned:	03/10/2015	Date of Injury:	12/11/2003
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 54-year-old female who sustained an industrial injury on December 11, 2003. She has reported neck pain, bilateral wrist, and upper and lower back pain and has been diagnosed with neck pain, arthritis of the neck, cervical degenerative disc disease, cervical radiculitis, myofascial pain, cervical stenosis of spinal canal, headache, osteoarthritis shoulder, shoulder pain, wrist pain, scapular dysfunction, lumbar degenerative disc disease, and radiculopathy of lumbosacral region. Treatment has included surgery, analgesics, and injection. Currently the injured worker had bilateral moderate tenderness of the cervical spine with diminished range of motion; there was diminished range of motion to the lumbar spine restricted by pain. Bilateral wrists were unable to grip. The treatment plan included an MRI for the low back. A progress report dated February 4, 2015 indicates that the patient has low back pain that radiates down the right leg to the toes. Physical examination findings reveal normal motor function with no focal deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic) Chapter, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation of recently failed conservative treatment directed towards the patient's current complaints. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.