MAXIMUS Federal Services

Case Number:	CM15-0047529		
Date Assigned:	03/19/2015	Date of Injury:	12/02/2010
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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: 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 53-year-old female, who sustained an industrial injury on 12/02/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic right shoulder pain secondary to osteoarthritis, chronic neck pain secondary to degenerative spondylosis of the cervical spine, chronic low back pain secondary to degenerative spondylosis of the lumbar spine, and chronic pain associated with a physical and general medical condition. Treatment to date has included conservative measures, including medications, behavioral medicine, and physical therapy. Currently, the injured worker complains of pain, worst in her neck and bilateral shoulders, and involuntary spasm involving her right second and third digits. Current medications included Tramadol, Celexa, and Prilosec. A physical exam of the lumbar spine was not noted. Specific complaints regarding her lumbar spine were not noted. The rationale for the requested lumbar magnetic resonance imaging was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

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 claimant was known to have chronic pain due to degenerative spondylosis. The request for an MRI of the lumbar spine is not medically necessary.