

Case Number:	CM15-0053961		
Date Assigned:	03/27/2015	Date of Injury:	11/22/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/21/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old male, who sustained an industrial injury on 11/22/13. He reported left shoulder injury. The injured worker was diagnosed as having cervical spine strain, lumbar spine strain, prior right shoulder surgery, left shoulder surgery, right wrist/hand strain, left wrist strain and right ankle/foot strain. Treatment to date has included physical therapy, activity restrictions and oral medications. Currently, the injured worker complains of pain in neck, lower back, right and left shoulder, right and left wrist and right ankle/foot. Upon physical exam, tenderness is noted to lumbar spine paraspinals with painful range of motion. Light touch sensation is diminished in the left lower extremity to the mid-anterior thigh, mid-lateral calf, and lateral ankle. The injured worker noted physical therapy has helped the pain in the past. The treatment plan included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: ACOEM's Occupational Medicine Practice Guidelines 2004 edition Ch. 12 (Low Back Complaints) discussion of Special Studies and Diagnostic and Treatment Considerations notes that, "Unequivocal 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 who 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." Table 12-8 (Summary of Recommendations and Evidence) recommends "CT or MRI when cauda equina syndrome, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative." There has been no documented previous lumbar MRI. Office notes documented complaints of low back pain radiating to the lower extremity and focal sensory loss to the left lower extremity on physical exam. The requested study meets MTUS criteria and is medically necessary.