

Case Number:	CM15-0059203		
Date Assigned:	04/03/2015	Date of Injury:	09/07/2014
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: Connecticut, California, Virginia
 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 was a 57-year-old male, who sustained an industrial injury, September 7, 2014. The injured worker was trying to retrieve a light display while on a ladder. The injured worker grabbed a hold of a beam that twisted the injured worker around. The left leg was restricted in a space and caused the left knee to twist. The injured worker previously received the following treatments 25 physical therapy sessions for the left knee and lumbar spine, ice pack, ace wrap to left knee, home exercise program, Levitra, Norco, Restoril, Celebrex, Naprosyn, Flexeril, Tylenol #3 and left knee x-ray. The injured worker was diagnosed with left leg and knee strain/sprain and lumbar strain/sprain, internal derangement of the left knee. According to progress note of January 12, 2015, the injured workers chief complaint was paresthesia and numbness of the hands and increased right shoulder pain. The injured worker was having difficulty scratching the back with the right hand. The injured worker was having pain in the right elbow and triceps musculature. The physical exam noted restriction of range of motion of the cervical neck and right shoulder. There was increased stiffness of the left and right shoulders. The handgrip was weak on bilaterally the left weaker than the right. The impression was right carpal tunnel syndrome and cervical radiculopathy. The treatment plan included lumbar spine MRI without dye, on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, low back.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case, there is essentially no objective exam information concerning the low back provided in the supplied documents. The notes supplied concern upper extremity and neck issues, along with knee issues, but no indication to support imaging of the lumbar spine. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Without further indication for imaging, the request for MRI at this time is not medically necessary per the guidelines.