

Case Number:	CM15-0082412		
Date Assigned:	05/04/2015	Date of Injury:	11/30/2009
Decision Date:	07/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/29/2015

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: 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 year old female, who sustained an industrial injury on November 30, 2009, incurring neck, back and left shoulder injuries. She was diagnosed with a cervical strain, low back pain and a left shoulder labral tear. In September, 2014, she underwent a surgical repair of the left shoulder tear. Treatment included physical therapy, home exercise program, epidural steroid injection, anti-inflammatory drugs, topical analgesic patches and work modifications. Currently, the injured worker complained of increased and persistent lower back pain and tenderness. The treatment plan that was requested for authorization included an outpatient Magnetic Resonance Imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, the only objective physical examination finding is tenderness to the lumbar spine. There is no evidence of nerve impairment, spinal stenosis, infection or fracture. The request for outpatient MRI of the lumbar spine is not medically necessary.