

Case Number:	CM15-0236350		
Date Assigned:	12/11/2015	Date of Injury:	05/14/2012
Decision Date:	01/15/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	12/03/2015

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: 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 59 year old female, who sustained an industrial injury on 5-14-2012. The medical records indicate that the injured worker is undergoing treatment for cervical disc disease, cervical radiculopathy, status post left shoulder arthroscopy, and left shoulder neuropathic pain. According to the progress report dated 10-6-2015, the injured worker presented with complaints of moderate-to-severe neck pain with radiation into her left shoulder-upper extremity, associated with occasional numbness and tingling. On a subjective pain scale, she rates her pain 5-6 out of 10. The physical examination of the lumbar spine is not indicated. The current medications are not specified. No previous diagnostic studies were noted. Work status is not described. The original utilization review (11-13-2015) had non-certified a request for MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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, there is no subjective complaints of low back pain. There is no physical examination of the low back to evaluate the need for a lumbar MRI. The available documentation addresses complaints of the cervical spine, neck, elbow, and wrist. It is unclear why there is a request for a lumbar MRI. The request for MRI of the lumbar spine is not medically necessary.