

Case Number:	CM14-0106126		
Date Assigned:	09/12/2014	Date of Injury:	05/23/2008
Decision Date:	10/14/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female with a 5/23/08 injury date. The mechanism of injury involved a fall. In a follow-up on 3/18/14, subjective complaints included bilateral knee pain, right hip pain, and bilateral shoulder pain. Objective findings included tenderness over the paracervical muscles, limited cervical range of motion, tenderness over the paralumbar muscles, trigger points with myospasm, positive straight leg raising, and 5/5 lower extremity strength and intact sensation throughout. The treatment plan at that time was for an update lumbar spine MRI. The findings on the previous MRI are not provided in the documentation. A lumbar spine xray series on 7/27/12 showed grade I anterolisthesis of L4 on L5. Diagnostic impression: lumbar strain. Treatment to date: medications, chiropractic care, electrical stimulation. A UR decision on 6/11/14 denied the request for lumbar spine MRI on the basis that there was no evidence of a significant change or worsening of symptoms or exam findings that warranted the need for a repeat MRI.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In the present case, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There are no new red flag findings on physical exam. The previous MRI results are not available in the documentation provided. The medical necessity of the requested study is not supported. Therefore, the request for MRI of the lumbar spine without contrast is not medically necessary.