

Case Number:	CM14-0131730		
Date Assigned:	08/29/2014	Date of Injury:	09/27/2012
Decision Date:	10/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 59-year-old male was reportedly injured on 9/27/2012. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of neck pain, right shoulder pain, low back pain, and right knee pain. The physical examination demonstrated right shoulder full range of motion. There was no tenderness to palpation of the shoulder. Bilateral knees range of motion was 0-110. There was no knee pain. Straight leg raise sitting was 90 bilaterally and 60 bilateral with the patient lying. No recent diagnostic studies are available for review. Previous treatment included right knee arthroscopy, right shoulder arthroscopy, medications and conservative treatment. A request had been made for MRI of the lumbar spine and was not certified in the pre-authorization process on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records fails to report any objective clinical findings of radiculopathy on physical exam. As such, the request is not medically necessary.