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| Case Number: | CM14-0134027 | | |
| Date Assigned: | 08/25/2014 | Date of Injury: | 09/24/2013 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 08/15/2014 |
| 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 50-year-old who reported an injury on September 24, 2013. The mechanism of injury was not provided. On April 17, 2014, the injured worker presented with left shoulder pain and low back pain. Upon examination, there was spasm of the cervical, trapezius, and deltoid and left shoulder range of motion was limited to due to pain. The diagnoses were status post left arthroscopic subacromial decompression March 17, 2014 and lumbar myofascial pain/spondylosis. The therapy included surgery and medications. The provider recommended an MRI of the lumbar spine without contrast. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the Lumbar Spine, without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004) - Low Back Disorders - Diagnostic Investigations - MRI; MRI of the Lumbar Spine.

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

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that unequivocal objective findings identifying specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in injured workers who do not respond to treatment. However, it is also stated that when the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The included medical documents failed to show evidence of significant neurological deficits on physical examination. Additionally, documentation failed to show that the injured worker has tried and failed an adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies, and neurological deficits on physical exam, an MRI is not supported by the referenced guidelines. The request for an MRI of the lumbar spine, without contrast is not medically necessary or appropriate.