

Case Number:	CM14-0138361		
Date Assigned:	09/05/2014	Date of Injury:	10/01/2005
Decision Date:	10/09/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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 Neurologist, has a subspecialty in Neuro-Oncology and is licensed to practice in Texas, Massachusetts, and Ohio. 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 42-year-old female who reported an injury on 10/01/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 11/19/2013 indicated diagnoses of cephalgia, insomnia, unspecified anxiety, occipital neuralgia, cervicgia/neck pain, pain in joints, bilateral shoulders, bilateral hands, and bilateral upper arms, bilateral elbow medial epicondylitis, bilateral elbow lateral epicondylitis, left wrist carpal tunnel syndrome, arthropathy, enthesopathy bilateral wrists/carpis. Diagnostic studies were not provided. Surgical history included a right carpal tunnel release in July of 2012. The injured worker reported lower back complaints and radicular-type radiation to the right lower extremity that was better. The injured worker reported she took medications, anti-inflammatory medication, and she had topical medication. On physical examination, the injured worker ambulated with a normal gait pattern; was able to walk on heels and toes without problems. On physical examination of the lumbar spine, there was slight limitation of the lumbar mobility and complaints in the low back. The injured worker's range of motion revealed flexion of 54 degrees bilaterally, extension 22 degrees bilaterally, and straight leg raising elicited some muscular hamstring complaints, right greater than left. The injured worker's prior treatments included surgery, physical therapy, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for MRI of the lumbar spine. The rationale was not provided. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The request for magnetic resonance imaging (MRI) for lumbar is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Imaging studies should be reserved for cases where red flag diagnoses are being evaluated for or surgery is being considered. There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological exam to warrant imaging. There is no indication of red flag diagnoses or that surgery was considered to support imaging of the lumbar spine. Therefore, the request is not medically necessary.