

Case Number:	CM14-0143907		
Date Assigned:	09/12/2014	Date of Injury:	02/10/2014
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old with an injury date on 2/10/14. Patient complains of persistent lower lumbar pain, right buttock pain, and occasional right shoulder pain rated 5/10 per 8/14/14 report. Based on the 8/14/14 progress report provided by [REDACTED] the diagnoses are: 1. rotator cuff syndrome NOS2. lumbago3. cervicalgiaExam on 8/14/14 showed "pain in lower back with active ranges of motion. Positive response of pain with hawkin's, Neer impingement maneuvers for right shoulder. No overt instability." 6/26/14 report states "pain to hamstring area with supine/sitting straight leg raises." [REDACTED] is requesting lumbar magnetic resonance imaging (MRI). The utilization review determination being challenged is dated 8/25/14 and denies request due to no objective evidence of radiculopathy or significant impairment in L-spine. [REDACTED] is the requesting provider, and he provided treatment reports from 6/26/14 to 8/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Magnetic Resonance Imaging (MRI): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols:

Decision rationale: This patient presents with lower back pain, right buttock pain, and right shoulder pain. The treater has asked for lumbar magnetic resonance imaging (MRI) on 8/14/14. Review of the reports do not show any evidence of MRIs being done in the past. For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or caudal equine. In this case, the patient has failed conservative treatment, and has a positive straight leg raise with persistent leg symptoms. Given the patient's neurologic symptoms, an MRI is reasonable. The request is medically necessary.