

Case Number:	CM14-0145995		
Date Assigned:	09/22/2014	Date of Injury:	01/10/2013
Decision Date:	10/27/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Management 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 54-year-old female who reported an injury on 01/10/2013. She sustained an industrial injury to her bilateral neck, shoulders, elbows, and hands. The injured worker's treatment history included medications, x-rays, and MRI studies of shoulders, and EMG/NCV studies. The injured worker was evaluated on 08/01/2014, and it is documented the injured worker complained of pain in her bilateral wrists, rated at 8/10, and also in the lumbosacral area. Physical examination revealed tenderness in the lumbosacral region to palpation. The injured worker had decreased range of motion with spasms noted. There was also tenderness over the bilateral shoulders and bilateral wrists and hands. Ranges of motion of the bilateral shoulders, and bilateral hands and wrists were decreased upon examination. Diagnoses included bilateral degenerative joint disease. A Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: 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): 303-305.

Decision rationale: ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. The injured worker has already had a MRI of the lumbar. The provider failed to indicate significant changes or nerve compromise on examination. There is also no indication of red flag diagnoses or the intent to undergo surgery. The provider failed to indicate if the injured worker had any conservative care, such as physical therapy, and outcome measurements of the home exercise regimen. As such, the request for an MRI Lumbar Spine is not medically necessary.