

Case Number:	CM14-0093081		
Date Assigned:	09/12/2014	Date of Injury:	06/10/2013
Decision Date:	10/16/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 49 year old male was reportedly injured on June 10, 2013. The mechanism of injury is noted as pulling a heavy box. The most recent progress note, dated November 14, 2013, indicates that there are ongoing complaints of neck, right shoulder, left wrist, and low back pain. The physical examination demonstrated an individual in no acute distress, with tenderness to palpation over the cervical spine with kyphosis. Examination of the lumbar spine shows tenderness to palpation over the lumbar spine. The right shoulder examination shows tenderness to palpation over the right shoulder, with restricted range of motion. Examination of the left wrist shows tenderness to palpation over the left wrist, with positive Phalen's test. Hyperesthesia is noted at the right side of the face. Diagnostic imaging studies include x-rays of the right hand and wrist, which showed soft tissue swelling with no acute fractures or subluxations. Previous treatment includes chiropractic therapy, physiotherapy, acupuncture, and medications. An EMG of the upper extremities is included for review, but does not suggest radiculopathy or peripheral neuropathy. A request had been made for MRI of the lumbar spine and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The ACOEM Guidelines support an MRI of the lumbar spine for patients with sub-acute 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. The available medical records report an ongoing complaint of low back pain, but make no mention of subjective or objective findings of radiculopathy. The clinician fails to document sufficient evidence that an MRI of the lumbar spine is indicated. As such, the request is not considered medically necessary and appropriate.