MAXIMUS Federal Services

Case Number:	CM14-0154971		
Date Assigned:	09/25/2014	Date of Injury:	05/15/2014
Decision Date:	02/19/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 5/15/2014. Per clinical note dated 8/6/2014, the injured worker suffered a trip and fall injury while carrying 20 pounds. Her pain continues to be rated at 8-9/10. She has complaints in the right wrist, right shoulder and the lumbosacral spine. She has had physical therapy and medication. She has had x-rays, but no other workup. She has had difficulties maintaining her energy level and physical activity as well as concentration due to the intensity of the pain. She has not had any major anti-pain medications, but only over the counter Aleve. On examination, Jamar Dynamometer readings are right 40/41/44, and left 32/33/38. There is reduced cervical spine range of motion. There is reduced right shoulder range of motion. There is reduced lumbosacral spine range of motion. There is reduced sensation of strength in the distribution of the right C7 spinal nerve root. The right median nerve reduced sensation and strength at the right wrist with positive Tinel and Phalen's signs. There is reduced sensation bilaterally in the distribution of the bilateral SI spinal nerve roots. Diagnoses include 1) right carpal tunnel syndrome 20 cervical spine disc syndrome with sprain/strain discordant radiculopathy 3) lumbosacral spine strain/sprain disorder and radiculopathy, probably an older injury from 2000/2001 4) bilateral knee internal derangement from injury in 2000/2001 5) right rotator cuff syndrome with right suprascapular neuropathy.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The injured worker is diagnosed with lumbosacral sprain/strain with radiculopathy. The only positive finding on examination of the lumbar spine is reduced range of motion. There is no evidence of radiculopathy by history or examination. The injured is reported as possible from 2000 or 2001. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for MRI of the Lumbar Spine is determined to not be medically necessary.