

Case Number:	CM14-0175936		
Date Assigned:	10/29/2014	Date of Injury:	09/23/2012
Decision Date:	05/13/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 09/23/2012. The mechanism of injury was reportedly due to repetitive trauma. Her diagnoses included lumbar sprain and strain. Diagnostic studies included an unofficial x-ray of the lumbar spine revealing diffuse degenerative disease at L4-5, undated. On 06/25/2014, the patient complained of significant low back pain extending to the legs, and bilateral shoulder pain. Physical examination revealed 1+ anterior tenderness on palpation of both shoulder joints, with slight tenderness over the acromioclavicular joints bilaterally. Examination of the lumbar spine revealed restricted examination due to patient's weight and difficulty ambulating. Visual inspection revealed no splinting or scars, with normal gait and no increase in back pain with heel or toe ambulation. The treatment plan was unspecified. Her current medications were noted to include Coumadin, dosage and frequency not provided. A request was received for an MRI of the lumbar spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Indications for imaging - Magnetic resonance imaging.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that if physiologic evidence indicates tissue insult or nerve impairment, imaging tests, including MRI, are warranted. The clinical information indicated the patient complained of continued pain. However, the most recent physical examination note was dated 06/25/2014. There was no documentation of a recent examination with physical evidence of functional deficits to warrant MRI of the lumbar spine. In addition, the clinical information indicated that an MRI of the lumbar spine was done in 2012. However, the official report was not submitted for review. Given the absence of the information indicated above, the request is not supported. Therefore, the request for MRI (magnetic resonance imaging) of the lumbar spine is not medically necessary.