

Case Number:	CM14-0213239		
Date Assigned:	02/03/2015	Date of Injury:	06/06/2014
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Emergency 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:

Patient with reported date of injury on 6/6/2014. Mechanism of injury is described as from lifting incident. Patient has diagnosis of cervical sprain/strain, lumbar sprain/strain, "impingement syndrome L shoulder" and "lumbosacral radiculitis". Medical reports reviewed. Last report available until 10/27/14. Patient has neck and low back pain. Pain radiates to L shoulder and L hip. Also claims bilateral feet tingling. Objective exam reveals decreased lumbar and cervical range of motion. Diffuse pain and guarding. Pan-positive orthopedic tests which lists Minor's, Lasegue's, Braggard's, Spurling's, Kemp, cervical foraminal compression and Milgram with no appropriate neurological exam. No sensory or motor exam was documented. Documentation claims "positive impingement sign" with no shoulder exam documented. Most of the original complaints from prior visits involved low back with some mid and neck pains and was under care of other treating physicians. The requesting chiropractor is noted to have seen the patient and made these requests. There is not a single documented radicular sign in multiple prior visits with most recent visit 1month prior to orthopedic specialist. No justification for imaging was documented. Patient has completed at least 6 chiropractic visits and 6 physical therapy visits. Medication listed is Norco. No other medications are listed. Independent Medical Review is for MRI of lumbar spine. Prior Utilization Review on 12/3/14 recommended non-certification.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction or appropriate neurological exam that is consistent with radiculopathy or other spinal or nerve insult. Claimed pan positive orthopedic testing by a new provider where no other providers has noted similar findings in the past is noted. New provider has also failed to document an appropriate neurological or motor exam. There is no documentation of appropriate medication treatment. Patient is still undergoing conservative care and has yet to fail treatment. MRI of lumbar spine is not medically necessary.