

Case Number:	CM14-0213478		
Date Assigned:	12/31/2014	Date of Injury:	09/20/2013
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 44-year-old woman with a date of injury of 09/20/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/16/2014 and 11/13/2014 indicated the worker was experiencing pain in the neck, left knee with swelling, lower back that went into the left leg with numbness and weakness, and right shoulder and wrist with numbness and weakness. Documented examinations consistently described decreased motion in the lower and upper back joints, tenderness and spasm in the upper and lower back, decreased sensation following the C6 and L5 nerves, a painful walking pattern, difficulty with heel-toe walking on the left, positive impingement and Hawkins signs on the right, decreased motion in the right shoulder joint, decreased right grip, and a positive Phalen's sign at the right wrist. The submitted and reviewed documentation concluded the worker was suffering from a closed patellar dislocation, L5 radiculopathy, right shoulder labral tear, knee and wrist tendinitis/bursitis, knee meniscal or medial cartilage tear, and brachial neuritis or radiculitis. Treatment recommendations included medications, MRI of the lumbar region, and follow up care. A Utilization Review decision was rendered on 12/10/2014 recommending non-certification for MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: 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): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, left knee with swelling, lower back that went into the left leg with numbness and weakness, and right shoulder and wrist with numbness and weakness. There was no discussion suggesting the worker had failed conservative management, such as physical therapy for this issue or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for MRI of the lumbar spine without contrast is not medically necessary.