

Case Number:	CM15-0011422		
Date Assigned:	01/29/2015	Date of Injury:	06/10/2006
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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 40 year old male, who sustained an industrial injury on June 10, 2006. He has reported bilateral shoulder and back pain. The diagnoses have included chronic lumbar back pain with a small left-sided lateral recess extending L3-L4 disc protrusion/contained disc herniation and anterior spondylolisthesis of L5 on S1 per the MRI of 2010. Treatment to date has included pain medication, work modifications, MRI, and x-rays. On June 2, 2014, the treating physician noted lower back pain. The physical exam revealed paralumbar tenderness and spasm from L2-L5, S1. On October 27, 2014, the treating physician noted the injured worker was status post rotator cuff repair and acromioplasty. The physical exam revealed good arc range of motion. Good range of motion of the elbows, wrists and digits. The incisions were well healed. On December 31, 2014 Utilization Review non-certified a request for a MRI of the lumbar spine, noting the lack of documentation of any objective clinical status change associated with pain exacerbation, and the lack of documentation of any treatment response to treatment for the pain exacerbation. The ACOEM (American College of Occupational and Environmental Medicine) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

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

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

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI lumbar spine is not medically necessary and appropriate.