MAXIMUS Federal Services

Case Number:	CM15-0178630		
Date Assigned:	09/18/2015	Date of Injury:	07/10/2015
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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: Pennsylvania, Ohio, 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:

This 38 year old male sustained an industrial injury on 7-10-15 via cumulative trauma. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain, thoracic spine sprain and strain and right shoulder sprain and strain. Previous treatment included chiropractic therapy and medications. Magnetic resonance imaging lumbar spine (8-27-15) showed disc extrusion at L4-5 with impingement of the descending right L5 and possibly right S1 nerve roots, broad based indentation of the thecal sac, moderate canal stenosis, moderate facet hypertrophy and foraminal compromise with obliteration of the right lateral recess and straightening of the normal lumbar lordosis. In a progress note dated 8-5-15, the injured worker complained of low back pain with radiation to the right leg and right shoulder pain, rated 7 to 8 out of 10 on the visual analog scale. The physician noted that the injured worker had rated his pain 8 to 9 out of 10 on his initial exam dated 7-13-15. Physical exam was remarkable for shoulder range of motion limited with myospasms and pain, with bilateral flexion and abduction at 180 degrees, extension, adduction and external rotation at 45 degrees and internal rotation 55 degrees, positive coracoid push-button sign, supraspinatus tendinitis tests and shoulder abduction tendinitis bursitis test and thoracolumbar spine with muscle spasm and pain at T1-12 and L1-5 with "decreased" and painful range of motion: flexion 90 degrees, extension and bilateral flexion at 30 degrees and bilateral rotation 45 degrees, positive Kemp's, Ely's and Yeoman's tests, normal lower extremity motor strength and intact lower extremity deep tendon reflexes. The treatment plan included additional chiropractic therapy, twice a week for four weeks, home exercise and magnetic resonance imaging lumbar spine. On 9-2-15,

Utilization Review non-certified a request for magnetic resonance imaging lumbar with and without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without/with contrast: 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 - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not document such red flag findings at this time. The rationale/indication for the requested lumbar MRI are not apparent. Moreover, it is unclear why this study has been requested in addition to a recent non-contrast MRI LSPINE of 8/27/15. Given the lack of clinical data to support a need for this study, this request is not medically necessary.