

Case Number:	CM15-0031409		
Date Assigned:	02/24/2015	Date of Injury:	02/14/2012
Decision Date:	06/24/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker (IW) is a 40-year-old female who sustained an industrial injury on 02/14/2012. Diagnoses include thoracic and lumbosacral sprain/strain injury; contusion injury involving the thoracic and lumbosacral spine; possible thoracic and lumbosacral disc injury and myofascial pain syndrome. Treatments to date include medications and home exercise. The progress notes dated 8/7/14 stated the IW presented with pain from her mid-back to her lower back. According to the most recent progress notes dated 1/15/15, the IW reported ongoing pain in the neck, mid-back and left shoulder, with severe pain around the left shoulder and scapular border. On examination, there was tenderness to palpation of the left shoulder with severe pain around the left scapular border medially and significant tightness around the left rhomboid musculature. A request was made for an MRI of the lumbosacral spine to further assess her injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbosacral 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): 309.

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. This request is not medically necessary.