

Case Number:	CM15-0063357		
Date Assigned:	04/09/2015	Date of Injury:	02/09/2011
Decision Date:	05/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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:

The injured worker is a 55 year old female who sustained an industrial injury on 2/9/11. The diagnoses have included lumbar myofascial pain, intervertebral disc disease, cervical myofascial pain, trigger finger, status post right cubital tunnel release and status post bilateral arthroscopic rotator cuff repair. Treatment to date has included medications, diagnostics, surgery and conservative measures. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 2/27/15. The current medications were not listed. Currently, as per the physician progress note dated 3/13/15, the injured worker complains that her pain symptoms have been unchanged without showing improvement. The pain was rated 6/10 on pain scale without medications and decreases to 2/10 with medications. The cervical spine, thoracic lumbar spine, sacral spine, shoulder, elbow and hand discomfort were described as moderate burning that comes and goes with pain, numbness and tightness and increased with movement. She also states that the symptoms have been present the past several years and most noticeable while working. The pain was aggravated by activities and reduced by heat application and medications. The objective findings revealed spinal restrictions of sublexations at L1-L5, bilateral pelvis, sacrum and coccyx. The lumbar spine revealed decreased range of motion with flexion, extension and side bending. The physician noted that the injured worker was having issues performing activities of daily living (ADL). The physician requested treatment include included MRI (magnetic resonance imaging) Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 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 no noted new neurologic dysfunction with known history of radiculopathy. Patient had prior MRI of lumbar spine dated 10/25/12. There is no documentation of any failure at a therapy program or conservative medication treatment. Patient has had "worsening" back pain for unknown time period with no actual documented objective worsening in pain or function. Patient actually notes no change in chronic pain. MRI of lumbar spine is not medically necessary.