

Case Number:	CM15-0063386		
Date Assigned:	04/09/2015	Date of Injury:	02/13/2014
Decision Date:	05/11/2015	UR Denial Date:	03/21/2015
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:

This 35 year old male us to the back, head, shoulder and left wrist on 2/13/14. Previous treatment included magnetic resonance imaging, physical therapy, acupuncture and medications. In a PR-2 dated 3/2/15, the injured worker complained of neck pain upon bilateral lateral bending and rotation with radiation to bilateral shoulders and arms associated with numbness and tingling and low back pain with radiation to bilateral legs. The injured worker reported that acupuncture helped for the day of the session but pain returned by the next day. Physical exam was remarkable for lumbar spine with spasm and limited range of motion. Current diagnoses included bilateral elbow sprain/strain, left hand sprain/strain and lumbar spine sprain/strain. The treatment plan included additional acupuncture, magnetic resonance imaging lumbar spine and a prescription for Viagra. Prior MRI from 4/21/14 revealed only degenerative changes at right L5-S1 apophyseal joints with no other significant findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the lumbar spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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. Patient had an MRI done on 4/21/14 already. Patient has reported ongoing physical therapy with no significant improvement. Pt has no significant structural findings from recent MRI to justify a new MRI with patient with stable chronic pain. MRI of lumbar spine is not medically necessary.