

Case Number:	CM15-0065955		
Date Assigned:	04/13/2015	Date of Injury:	08/13/2014
Decision Date:	05/14/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/07/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on August 13, 2014. The injured worker has been treated for low back and right shoulder pain. The diagnoses have included brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome and sleep disturbance. Treatment to date has included medications, radiological studies, electrodiagnostic studies and chiropractic therapy. Current documentation dated March 16, 2015 notes that the injured worker reported low back pain and right shoulder pain. The right shoulder pain was noted to radiate to the neck and right upper extremity with associated weakness, numbness and tingling of the hand. Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, spasms, tight muscle bands on both sides and a restricted range of motion. Lumbar facet loading was noted to be positive and a straight leg raise was positive on the right side. Right shoulder examination showed tenderness and a restricted range of motion. Special testing was positive including a Neer's test, Hawkins's test, crossover test and drop arm test. The treating physician's plan of care included a request for an MRI of the lumbar spine without contrast, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine without Contrast, as outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: <https://www.acoempracguides.org/Lowback>; table 2, Summary of Recommendations, Low Bck Disorders. Official Disability Guidelines (ODG) www.odg-twc.com, Section: Low Back - Lumbar 7 Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record does not contain unequivocal evidence of nerve root compromise. There is a positive straight leg test on right but normal reflexes and motor testing of lower extremities. Lumbar MRI is not medically necessary.