

Case Number:	CM15-0067645		
Date Assigned:	04/15/2015	Date of Injury:	12/14/2007
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/09/2015

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 58 year old male with an industrial injury dated 12/14/2007. His diagnosis includes cervical disc disorder, shoulder tendinitis, carpal tunnel syndrome, and lumbar intervertebral disc displacement without myelopathy, myalgia and myositis. Medical diagnosis includes hypertension and ventricular tachycardia. Prior treatment includes physical therapy and medications. The injured worker presents on 03/05/2015 with complaints of multiple areas of pain to include left and right lumbar, left and right sacroiliac, left and right shoulder pain, headache and cervical pain. The pain is rated as 6/10 with 10 being the worst and is noticeable approximately 100% of the time. Cervical and bilateral range of motion of shoulders was limited. Treatment plan included medications to include creams, updated MRI of the lumbar spine and home interferential stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbosacral MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs (magnetic resonance imaging).

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 noted new neurologic dysfunction. Pain and exam findings are chronic with no noted new change. There is no plan for any invasive procedures noted. Patient has had an MRI in 2011. There is no justification for an "updated" MRI for chronic unchanged condition. MRI of lumbar spine is not medically necessary.