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| Case Number: | CM15-0069493 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 01/19/2015 |
| Decision Date: | 05/26/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 01/19/2015. The initial complaints or symptoms included left knee, left ankle, low back, right wrist, and right shoulder pain/injury. The injured worker was diagnosed as having right wrist contusion, knee/leg sprain, back contusion, and elbow, forearm and wrist injury. Treatment to date has included conservative care, medications, and x-rays. Currently, the injured worker complains of pain with tenderness noted in objective findings. The diagnoses include contusion of upper limb, contusion of back, strain/sprain of lower extremity, and elbow, forearm and wrist injury. The request for authorization consisted of MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
 Page(s): 303-304.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. Physical therapy has also been requested, and therefore the patient cannot be considered as having failed conservative treatment. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.