

Case Number:	CM15-0079321		
Date Assigned:	04/30/2015	Date of Injury:	02/16/1999
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, California
 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:

This 64 year old female sustained an industrial injury to the neck and low back on 2/16/99. Previous treatment included magnetic resonance imaging, electromyography, right carpal tunnel release, right shoulder surgery, physical therapy, chiropractic therapy, injections and medications. In an orthopedic evaluation dated 4/10/15, the injured worker complained of ongoing bilateral low back pain with radiation into bilateral hips associated with paresthesia. X-rays of the cervical spine showed moderate degenerative disc disease with spondylosis and lumbar spine spondylolisthesis with mild to moderate disc height narrowing. Current diagnoses included left shoulder pain, likely rotator cuff tendonitis, lumbar spine spondylolisthesis, likely spinal stenosis with neurogenic claudication and cervical spine degenerative disc disease. The physician noted that he was now the injured worker's primary treating physician. The injured worker did not recall having magnetic resonance imaging of the lumbar spine for the past 10 years. The treatment plan included lumbar spine magnetic resonance imaging, referral to an orthopedic shoulder physician and eight sessions of acupuncture for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, lumbar: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant had an x-ray that showed lumbar degenerative changes. The clinical findings indicated neurogenic claudication due to possible stenosis. The physician believed surgery may be necessary is corroborated by MRI findings. As a result, the request for an MRI of the lumbar spine is appropriate and medically necessary.