

Case Number:	CM17-0021791		
Date Assigned:	02/03/2017	Date of Injury:	10/24/2016
Decision Date:	02/28/2017	UR Denial Date:	01/28/2017
Priority:	Standard	Application Received:	02/02/2017

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 is a 66 year old male with a date of injury on 10-24-2016. A review of the medical records indicates that the injured worker is undergoing treatment for persistent left sided neck and shoulder pain, persistent bilateral low back pain and persistent left knee pain. According to the progress report dated 1-12-2017, the injured worker complained of pain in the neck, left shoulder, low back and right knee. The low back pain radiated to the anterior and lateral thighs down to the knee level. The injured worker reported being unable to stand long enough to take a shower. The physical exam (1-12-2017) revealed diminished range of motion in the lumbar spine. There was diffuse tenderness to palpation in the low back and over the right greater trochanter. Pelvic rock and sustained flexions were noted to be positive. Straight leg raise tests were negative. Treatment has included physical therapy and medication. The request for authorization was dated 1-20-2017. The original Utilization Review (UR) (1-28-2017) denied a request for 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 the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Chapter: Low Back-Lumbar & Thoracic (Acute & Chronic) 12/20/2016 MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per MTUS 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 neurologic dysfunction. There is no documented weakness or any findings consistent with cauda equina syndrome. There is ongoing conservative care that has yet to be completed that is limited by patient's noncompliance with physical therapy. Provider has failed to document how imaging will change treatment plan. As per MTUS ACOEM Guidelines, no indication for MRI of lumbar spine is met. MRI of lumbar spine is not medically necessary.