

Case Number:	CM13-0011342		
Date Assigned:	09/20/2013	Date of Injury:	08/03/2004
Decision Date:	01/15/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male who reported an injury to his left shoulder and low back. He is noted to have undergone an MRI of the lumbar spine on 05/14/2010 which was read by [REDACTED] who reported a relatively narrow spinal canal with minimal anterior spondylolisthesis of L4 on L5 with relatively severe segmental and foraminal stenosis in association without evidence of herniated disc superimposed. The patient is noted to complain of ongoing low back pain and left shoulder pain which is reported to be aggravated by movement. On 03/12/2013, [REDACTED] reported the patient complained of right shoulder pain rated 5/10 to 6/10, left shoulder pain rated 6/10 to 7/10, and low back pain rated 4/10 to 6/10. The patient indicated he had received injection to his left shoulder and 4 previous epidural steroid injections. He is reported to have undergone a left rotator cuff repair in 06/2012 and on physical examination the patient is noted to have positive results on Valsalva test and Kemp's test and straight leg raising in supine position. He is also reported to have negative results on lumbar facet testing. On 05/21/2013, the patient is noted to continue to complain of low back pain with numbness to the bilateral lower extremities that lasts for 15 minutes. He is noted on physical examination to have positive Kemp's test and straight leg raising in supine position bilaterally. He has decreased range of motion which was limited due to pain and spasms. On 06/25/2013, [REDACTED] reported he continued to complain of low back pain which he rated 8/10 and reported numbness and tingling sensation to the plantar aspects of his feet. He is noted to continue to have a positive Kemp's test and straight leg raise in supine position. He is noted to have continued decreased range of motion of the lumbar spine which was limited by pain and spasms. A request was submitted for an MRI of the lumbar spine and consultation with a spinal surgeon.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The patient is a 55-year-old male who reported an injury to his low back and left shoulder on 06/03/2004. The patient is noted to have undergone a left shoulder surgery. The patient was treated with physical therapy. He is noted to have undergone an MRI of the lumbar spine in 2010 which showed a relatively narrow spinal canal with minimal anterior spondylolisthesis of L5 with relatively severe segmental and foraminal stenosis in association without evidence of herniated disc. He is reported to complain of ongoing low back pain and is noted to have developed numbness and tingling in his bilateral feet. However, on physical examination, there is no documentation of neurological deficits nor is there notation of findings of recent x-rays performed of the lumbar spine indicating any abnormalities. The California MTUS Guidelines recommend an MRI of the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on the neurological examination for patients who have not responded to conservative treatment and who would consider surgery as an option. As there are no findings of neurological deficits on physical exam, the need for an MRI of the lumbar spine is not established. Based on the above, the requested MRI of the lumbar spine is non-certified.

Consultation with spine surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient is a 55-year-old male who reported an injury to his low back and left shoulder on 06/03/2004. He is reported to complain of ongoing low back pain and reports numbness and tingling in his bilateral feet. He is reported on physical exam to have positive Kemp's sign and positive supine straight leg raise bilaterally, decreased range of motion to the lumbar spine in all planes due to pain and muscle spasms. A request was submitted for an MRI and referral to an orthopedic surgeon. The California MTUS Guidelines state referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry or when treating a particular cause of delayed recovery or was having difficulty obtaining information or agreement to a treatment plan. However, as there is no indication of neurological deficits on physical examination to indicate the need for a surgical consult, the need for a surgical consult is not established. Based on the above, the requested consultation with spine surgeon is non-certified.