MAXIMUS Federal Services

Case Number:	CM13-0026039		
Date Assigned:	11/22/2013	Date of Injury:	07/13/2009
Decision Date:	03/19/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 33-year-old, right-handed male. The patient reports that he sustained injuries to his left upper back. The patient states that on 1/22/13, he was slapped in his left upper back by a student that weighed about 140 pounds. As of 07/15/2013, the patient complains of sharp, burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. The patient rates the pain as 8/10, on a pain analog scale. His pain is described as frequent to constant, and moderate to severe. The pain is aggravated by gripping, grasping, reaching, pulling, lifting, and doing work at or above the shoulder level. The patient complains of burning, radicular lower back pain and muscle spasms, and rates the pain at 7/10, on a pain analog scale. His pain is described as constant, moderate to severe. The pain is aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping. His pain is also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The patient denies any bowel or bladder problems. The medications provided temporary pain relief and improved his ability for restful sleep. He was prescribed with Deprizine, Dicopanol, Faoatrex, Synapryn, Tabradol, Cyclophene, and Ketoprofen cream. An examination of the lumbar spine revealed 20-60 degrees extension-flexion, 25 degrees lateral flexion, 30 degrees lateral rotation, paralumbar tenderness and spasm from L3 to L5, full strength, and intact sensation over the bilateral L4-S1 dermatomes. Treatment plan included medications, continuation of extracorporeal shock wave therapy (ESWT) for the right shoulder and lumbar spine, MRIs, electromyography/nerve conduction velocity (EMC/NCV), TENS, hold/cold application, and an orthopedic referral. He states that the Tramadol and Fanatrex upsets his stomach. The pain is also alleviated by activity restrictions.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC, Low Back, Lumbar and Thoracic (Acute & Chronic) (updated 02/13/14), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as a tumor, infection, fracture, neurocompression, or recurrent disc herniation. The medical records provided for review does not indicate that that this patient has any of these conditions. With respect to repeat lumbar MRI scan, it is not supported by the guidelines.