

Case Number:	CM13-0069891		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2003
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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 56 year-old male with a date of injury of 04/25/2003. The listed diagnoses per [REDACTED] are bilateral shoulder rotator cuff syndrome, status post bilateral shoulder arthroscopy, bilateral lateral epicondylitis, status post release, bilateral cubital tunnel syndrome and chronic lumbar strain, rule out disc herniation. According to report dated 10/18/2013 by [REDACTED], the patient presents with a multiplicity of ongoing musculoskeletal complaints. It has been over a year since he has had any workup or treatment. Patient states he recently began to experience progressive worsening of his left shoulder, low back and left lower extremity. Examination of the lumbar spine revealed decreased range of motion on all planes. Palpation of the lumbar paraspinal muscles and quadratus lumborum revealed tenderness and hypertonicity bilaterally. Straight leg raise was negative on the right side and positive on the left side at 60 degrees. Kemp's test was positive bilaterally. The patient was unable to heel and toe walk. Muscle strength in the L5-S1 muscle groups was 5/5 in the right and 4/5 in the left. Deep tendon reflexes were +2 in the L4 muscle groups. Sensation was decreased in L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AN MRI OF THE LUMBAR SPINE WITHOUT DYE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with a flare up in low back pain. Treating physician is requesting a MRI of the lumbar spine to rule out disc herniation. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal objective findings that identified specific nerve comprise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option when the neurologic examination is less clear. However, further physiologic of nerve dysfunction should be obtained before ordering an imaging. Indiscriminate imaging will result in false positive findings such as disk bulges that are not the source of painful symptoms and do not warrant surgery." In this case, the treating physician has asked for an MRI based on the patient's radicular symptoms with positive right sided SLR. The treating physician states the patient has not had any workup or treatment in the last year. There are no prior imaging reports provided for review. Given the patient's radicular symptoms and positive exam an MRI would appear reasonable at this time. Recommendation is for authorization