

<b>Case Number:</b>	CM14-0109949		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 46 year-old female who was reportedly injured on 01/23/2009. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 07/16/2014 indicates that there are ongoing complaints of bilateral shoulder pain, low back pain, and leg pain. The physical examination demonstrated bilateral upper/lower extremities: normal muscle tone without atrophy and bilateral upper/lower extremities. Lumbar spine: decreased sensation in the left L3 dermatome. Straight leg raise is positive on the left. Specimen guarding is noted in the lumbar spine. Bilateral shoulders: painful arc at 90. No recent diagnostic studies are available for review. Previous treatment includes medications, physical therapy, acupuncture, left shoulder arthroscopy, a steroid injection, and conservative treatment. A request was made for magnetic resonance imaging (MRI) of the lumbar spine, naproxen 550 mg #90, and was not certified in the pre-authorization process on 06/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The ACOEM treatment guidelines support an MRI of the lumbar spine for sub-acute or chronic radiculopathy lasting at least 4 to 6 weeks and not improving if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms nerve root compression. Review of the available medical records included an MRI of the lumbar spine dated 6/10/2010. The ACOEM does not address repeat MRIs. The ODG will support a repeat MRI for a significant change in symptoms and/or findings suggestive of significant pathology. The guidelines require plain radiographs before an MRI may be requested. Due to the lack of documentation concerning prompt surgical treatment, "red flags" on physical exam, this request is not considered medically necessary.

**Naproxen sodium -anaprox 550mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record there is no reported decrease pain and increased functional activity related directly to the use of medication. Therefore, this request for naproxen is not medically necessary.