

Case Number:	CM14-0117853		
Date Assigned:	08/06/2014	Date of Injury:	09/07/2007
Decision Date:	10/03/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

This is a 64-year-old male with a 9/7/07 date of injury, when he injured his back while moving a 55-gallon tank. The injured worker underwent left shoulder arthroscopy with rotator cuff repair on 4/3/08 and right shoulder arthroscopy with rotator cuff repair on 7/11/08. The injured worker was seen on 3/20/14 with complaints of 8/10 low back pain, 8/10 bilateral shoulder pain and 8/10 chronic neck and upper back pain. Exam findings of the lumbar spine revealed spasm, painful and limited range of motion, facet tenderness to palpation on the left L4-S1, positive Lasegue test and positive straight leg raising test on the left. The exam of the bilateral wrists and hands revealed a healed scar on the right, positive Tinnel's sign on the left and positive Phalen's sign on the left. The exam of the left knee revealed positive McMurray's test on the left, positive patellofemoral crepitation and healed surgical incision. The diagnosis is lumbar stenosis, discogenic disease, thoracic strain, cervical stenosis and bilateral carpal tunnel syndrome. MRI of the lumbar spine dated 4/20/14 revealed: L2-L3 diffuse disc protrusion with effacement of the thecal sac, disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right L3 exiting nerve roots; L3-L4: diffuse disc protrusion with effacement of the thecal sac, disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right L2 exiting nerve roots; L4-L5: focal central disc protrusion superimposed on diffuse disc bulge indenting the thecal sac, disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right L4 exiting nerve roots; L5-S1: focal central disc protrusion superimposed on diffuse disc bulge indenting the thecal sac, disc material and facet hypertrophy causing bilateral neural foraminal stenosis that encroaches the left and right L5 exiting nerve roots. Treatment to date: work restrictions and medications. An adverse determination was received on 7/11/14 given that there was a lack of documentation indicating a lower extremity neurological examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapters

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. There is a lack of documentation indicating that the injured worker had performed radiographs of the lumbar spine. In addition, the neurologic examination of the lower extremities was not documented. Therefore, the request for Magnetic Resonance Imaging (MRI) Lumbar was not medically necessary.