

Case Number:	CM14-0179665		
Date Assigned:	11/04/2014	Date of Injury:	02/04/2012
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/29/2014

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 Texas. 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 claimant is a 67 year old male who sustained a work injury on 2-4-12. Office visit on 9-3-14 notes the claimant complained of neck pain, lower back pain, right shoulder pain, right knee pain and rib pain. The claimant was currently taking Hydrocodone and it seemed to help just a bit. There had been little or no effect on activities of daily living. The average pain level was 8/10 with medications all owing for improved function and mood generalized pain throughout the above noted areas. Exam of the cervical spine showed that the range of motion was restricted with lateral rotation to the right limited to 30 degrees due to pain, but normal lateral rotation to the left. On examination of paravertebral muscles, there was tenderness on both the sides. All upper limb reflexes were equal and symmetric. The motor examination was grossly normal for the bilateral upper extremities. The sensation was grossly normal along the upper extremities bilaterally. There was atrophy noted over the right deltoid and bicep. Examination of the lumbar spine showed that the range of motion was restricted with flexion limited to 45 degrees due to pain, extension limited to 10 degrees due to pain and bilateral lateral rotation was limited to 45 degrees due to pain. On examination of paravertebral muscles, there was spasm noted on both the sides. There was L4-L5 lumbar facet tenderness to palpation. The lumbar facet loading was positive on both the sides. The straight leg raise test was positive on the right side in sitting at 45 degrees. The motor examination was 4. The sensation was grossly normal along the lower extremities bilaterally. The ankle jerk was 0/4 on both the sides. The patellar jerk was 1/4 on the right side. Examination of the right shoulder showed that there was atrophy. The movements were restricted with flexion limited to 90 degrees due to pain, abduction limited to 90 degrees due to pain, internal rotation behind body was limited to degrees (sacrum) and external rotation was limited to 45 degrees. The Speed's test was positive. Examination of the right knee showed that there was no limitation noted in flexion, extension, internal rotation or external rotation.

There was tenderness to palpation over the lateral joint line and medial joint line. There was no joint effusion. The Apley's compression test and McMurray's test were positive. Examination of the gastrointestinal showed that there was localized tenderness to palpation at the right upper quadrant. The patient was diagnosed with disc disorder lumbar, cervical facet syndrome, lumbar facet syndrome, extremity pain, lumbar radiculopathy, shoulder pain, abdominal pain and knee pain. The patient was recommended for MRI of the right knee and lumbosacral spine and right cervical facet nerve block C4-C5, C5-C6 and C6-C7. There was a request for Magnetic Resonance Imaging (MRI) of the abdomen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Abdomen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.ncbi.nlm.nih.gov/pubmedhealth/PMH0004253/

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: US National Library of Medicine

Decision rationale: US National Library of Medicine notes an abdominal MRI is often used to clarify findings from earlier x-rays or CT scans. This test may be used to look at: - Blood flow in the abdomen- Blood vessels in the abdomen- The cause of abdominal pain or swelling- The cause of abnormal blood test results, such as liver or kidney problems- Lymph nodes in the abdomen MRI can distinguish tumors from normal tissues. This can help the doctor know more about the tumor such as size, severity, and spread. This is called staging. MRI is sometimes used to avoid the dangers of angiography, too much radiation exposure, and allergies from iodine. There is an absence in documentation noting pain from an abdominal origin or suspicion of an abdominal pathology by physical exam. There is also an absence in documentation noting first line of diagnostic testing performed. Therefore, this request is not medically necessary.