

Case Number:	CM14-0182199		
Date Assigned:	11/07/2014	Date of Injury:	11/30/2011
Decision Date:	12/11/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine and is licensed to practice in Utah. 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 62 year-old male. The patient's date of injury is 11/30/2011. The mechanism of injury is described as a fall on the knees, hitting his head and dislocating his shoulder. The patient has been diagnosed with MLS lumbar spine, and left shoulder tear. The patient's treatments have included medications. The physical exam findings on undated document state; Examination reveals L3-S1 w/ increased radicular pain left shoulder and pain right/left hand and paresthesia. Another undated document states L3-S1 with positive signs for radiculopathy, left shoulder little improvement. The patient's medications have included, but are not limited to, Zanaflex and Toradol. The requests are for an MRI and consult to Neurology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an MRI of the back According the

guidelines they state the following; Despite the lack of strong medical evidence supporting it, discography, including MRI, is fairly common, and when considered, it should be reserved only for patients who meet the following criteria:- Back pain of at least three months duration.- Failure of conservative treatment.- Satisfactory results from detailed psychosocial assessment. (Diskography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided.)- Is a candidate for surgery?- Has been briefed on potential risks and benefits from discography and surgery. The provider states that there are positive signs for radiculopathy, but there is no specific findings beyond this noted. There are no neurological exam findings noted, and no special testing, such as straight leg testing or patricks testing. There are no noted deficits in strength and muscle tone. There is no documentation that stated the patient has failed conservative therapy o is a candidate for surgery. According to the clinical documentation provided and current MTUS guidelines; an MRI of the back is not indicated as a medical necessity to the patient at this time.

Referral to neurosurgeon.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation Page(s): 22. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Neurology consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The provider states that there are positive signs for radiculopathy, but there is no specific findings beyond this noted. There are no neurological exam findings noted, and no special testing, such as straight leg testing or Patrick's testing. There are no noted deficits in strength and muscle tone. According to the clinical documentation provided and current MTUS guidelines; Neurology consultation is not indicated as a medical necessity to the patient at this time.