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| Case Number: | CM14-0047849 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 03/12/2013 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/25/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

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 Occupational Medicine 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 43-year-old female with a 3/12/13 date of injury, when she fell down and injured her right wrist, right shoulder, legs, neck and lower back. The patient was seen on 3/14/14 with complaints of 6/10 lumbar spine, right shoulder, 7/10 right elbow and right knee pain. She also complained of weakness in lower extremities. The patient completed 12 sessions of PT, 12 sessions of acupuncture and 8 chiropractic treatments with mild improvement. Exam findings revealed spasms and tenderness in the cervical, thoracic and lumbosacral areas. The right elbow strength was 4/5 and there was pain and weakness in the right hand and right shoulder. The patient was seen on 5/22/14 with complains of the neck pain and back pain radiating into the legs. The patient ambulated with the cane. The exam findings revealed positive straight leg raising test and positive Lasegue's test on the right. There were dermatome changes at L4-S1 on the right. The patient had tenderness over the L5-S1 level and range of motion of the lumbar spine was extension 25 degrees, right and left lateral bending 10 degrees, right and left rotation were 30 degrees. The patient did not improve with conservative treatment and lumbar epidural injections were recommended. The diagnosis is persistent right shoulder impingement syndrome, cervical strain/sprain, radiculopathy in the right extremity, discogenic pain in the lower back. 4/28/14 MRI of the lumbar spine revealed: L5-S1: mild disc desiccation, mild degenerative endplate changes, 2-3 mm broad-based posterior disc bulge and focus of annular fissure; no central canal or neural foraminal narrowing. Treatment to date: 8 chiropractic treatments, 12 acupuncture treatments, 12 PT to the cervical spine, steroid injections, medications and work restrictions. An adverse determination was received on 3/25/14 given that there was a lack of documentation indicating radicular symptoms in the lower extremities and conservative therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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. The progress note dated 4/28/14 stated that the patient had lumbar MRI and revealed: L5-S1 mild disc desiccation, mild degenerative endplate changes, 2-3 mm broad-based posterior disc bulge and focus of annular fissure, no central canal or neural foraminal narrowing. As the patient had a recent MRI, it not clear why a repeat lumbar MRI was indicated for this patient. Therefore, the request for am MRI for the lumbar spine was not medically necessary.