

Case Number:	CM14-0055185		
Date Assigned:	07/07/2014	Date of Injury:	05/28/2012
Decision Date:	08/26/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 41 year old male who suffered a work related injury on 05/28/12 while performing customary duties as a floor attendant at a hardware store. The mechanism of injury is described as stocking shelves full of wood when they fell down upon him. The weight of the material that fell on the injured worker was approximately 200 lbs. Immediately post-injury, the injured worker went home with severe right shoulder and low back pain and he was referred to a local hospital. The injured worker received conservative care largely in the form of chiropractic and physical therapy and the injured worker reported considerable benefit of his pain following these conservative treatment modalities but the pain unfortunately still persists. Approximately four months later the injured worker changed employment to that of a counselor at a detox center. Ultimately, the injured worker received an MRI of his right shoulder which demonstrated a rotator cuff tear and on 05/17/13 he had arthroscopic surgery to repair the tear. This dramatically improved his right shoulder pain as well as range of motion and strength. At present, the shoulder is the least of the injured worker's pain complaints. Physical examination on 03/18/14 pain is in the bilateral low back with radiation into both posterior thighs. It is described as a sharp, shooting, and throbbing type pain. Pain is rated as 5/10 with worst pain score being 10/10. The injured worker states that he gets both lower extremity weakness, numbness in the lower extremities as well. Aggravating factors are carrying, lumbar extension, lumbar flexion, lifting, sitting, standing, and walking. Alleviating factors are lying down. On physical examination, neurologic examination mental status, normal mood and affect, awake and alert. Orientation to time, place, and person is noted. Cranial nerves 2-12 are grossly intact. Reflexes, deep tendon reflexes of the lower extremities are 2+ and myoclonus absent throughout. Sensation to light touch and pin prick is intact throughout. Gait is normal. He is tender over the paraspinal muscles overlying the facet joints on both sides of his lumbar spine, trigger points

noted over lower paraspinal. 2+ muscle spasm noted over lower paraspinal. Lumbar spine alignment is normal. Range of motion of the lumbar spine is normal. Straight leg raising seated is negative. Strength in bilateral lower extremities is rated 5/5. Diagnosis lumbar spondylosis. Possibly facet mediated pain. Prior utilization review on 04/15/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI lumbar spine without dye is not medically necessary. the clinical documentation submitted for review as well as current evidence based guidelines do not support the request. On physical examination, completely normal lumbar examination, and no neurological deficits were found. Guideline indications for imaging are uncomplicated low back pain, suspicion of cancer, infection, or other "red flags". Medical necessity has not been established.