

Case Number:	CM14-0082786		
Date Assigned:	09/24/2014	Date of Injury:	11/01/2007
Decision Date:	12/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 58-year-old female with a date of injury of 11/01/2007. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Degenerative disk disease, lumbar. 3. GERD. 4. Pain in joint, shoulder region. 5. Brachial neuritis or radiculitis. 6. Cervicalgia. 7. Degeneration of cervical intervertebral. 8. Cervical spondylosis without myelopathy. According to progress report 01/14/2014, the patient presents with cervical pain and spasms radiating to her left shoulder with left-sided radiculopathy. She also reports persistent left shoulder pain. Physical examination revealed diminished ROM with pain at the end range in all directions of the cervical spine. Examination of the lumbar spine revealed positive straight leg raise bilaterally. Examination of the shoulder revealed tenderness noted over the AC joint and signs of impingement. Subacromial bursitis and painful limited ROM is noted. The provider recommended follow-up in 4 weeks, medications, and exercises. Report 05/06/2014 has essentially the same reporting as report 01/14/2014. The provider recommended refill of medications and a lumbar MRI without contrast. Utilization review denied the request on 05/27/2014. Treatment reports from 01/14/2014 and 05/06/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, MRIs (Magnetic Resonance Imaging), Other Medical Evidence (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: This patient presents with neck, low back, and left shoulder pain. The provider is requesting a lumbar MRI without contrast. Regarding MRI of the L-spine, ACOEM Guidelines, chapter 12, page 303 states, "unequivocal objective findings that identifies specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." For uncomplicated low back pain, ODG Guidelines require at least 1 month of conservative therapy and sooner if severe or progressive neurological deficit is present for an MRI. Utilization review denied the request stating it is unclear as to whether the patient failed adequate conservative therapy and it is unclear whether the patient had previous MRI of the lumbar spine since 2007. The medical file provided for review includes 2 progress reports which provide no discussion regarding prior MRI of the lumbar spine. Given the patient's chronicity of pain, it is possible that the patient had imaging in the past, but such has not been documented. In this case, this patient presents with continued low back pain and examination revealed positive straight leg finding and decreased sensation in the left L4-L5. Given there is no indication of prior MRI, this request is medically necessary.