

Case Number:	CM13-0045629		
Date Assigned:	03/12/2014	Date of Injury:	12/11/2012
Decision Date:	09/09/2015	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old male who sustained an industrial/work injury on 12-11-12. He reported an initial complaint of headache and left lower extremity pain. The injured worker was diagnosed as having rule out medial meniscal tear, both knees; lumbar spine strain with possible lumbar radiculopathy, rule out internal derangement of left hip; cervicothoracic spine strain with possible cervical radiculopathy, rule out partial triceps rupture, right shoulder subacromial impingement syndrome with possible radiculopathy, right shoulder subacromial impingement syndrome with possible rotator cuff tear, and cephalgia. Treatment to date includes medication, physical therapy, and diagnostics. MRI results of the left knee were reported on 2-28-13. CT scan results were reported on 12-11-12. X-ray results were reported on 12-11-12. Currently, the injured worker complained of increased symptoms of left knee pain rated 5-6 out of 10, right knee pain rated 1-2 out of 10, lower back pain rated 5-6 out of 10 with occasional pain in the legs and throbbing and weakness in the left leg, left hip, pain of 4-5 out of 10, neck pain rated 6-7 out of 10, which caused frequent headaches at least 3-5 times a week, left triceps pain rated 4-5 out of 10, and is unable to raise his arm above shoulder level, and right shoulder pain rated 5-6 out of 10. There was also pain in the groin-inner legs. There was memory loss for a couple of months and sleep was interrupted due to pain. Per the primary physician's report (PR-2) on 10-23-13, right shoulder exam noted weakness with flexion, abduction and external rotation, tenderness along the posterior aspect of the left elbow. There is muscle spasm in the left lumbar paraspinal musculature, straight leg raise was positive on the left at 60 degrees, tenderness along the left sacroiliac joint and along the left hip. There is tenderness along the left

hip and medial joint line of both knees. The requested treatments include MRI of the head, MRI of the right shoulder, and MRI of 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 head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter/MRI (magnetic resonance imaging) Section.

Decision rationale: MTUS guidelines do not address the use of head MRI. The ODG recommends head MRI as indicated below. Magnetic Resonance Imaging (MRI) is a well-established brain imaging study in which the individual is positioned in a magnetic field and a radio-frequency pulse is applied. Hydrogen proton energy emission is translated into visualized structures. Normal tissues give off one signal, while abnormal structures give off a different signal. Due to its high contrast resolution, MRI scans are superior to CT scans for the detection of some intracranial pathology, except for bone injuries such as fractures. MRI may reveal an increased amount of pathology as compared with CT. Specific MRI sequences and techniques are very sensitive for detecting traumatic cerebral injury; they may include, but are not limited to, diffusion-tensor, gradient echo, and Fluid Attenuated Inversion Recovery (FLAIR). Some of these techniques are not available on an emergency basis. MRI scans are useful to assess transient or permanent changes, to determine the etiology of subsequent clinical problems, and to plan treatment. MRI is more sensitive than CT for detecting traumatic cerebral injury. Imaging is not recommended in patients who sustained a concussion/mild TBI beyond the emergency phase (72 hours post-injury) except if the condition deteriorates or red flags are noted. Indications for magnetic resonance imaging: To determine neurological deficits not explained by CT; To evaluate prolonged interval of disturbed consciousness; To define evidence of acute changes super-imposed on previous trauma or disease. In this case, the clinical examination does not provide evidence that would support the use of a head MRI. This request has been denied on 2 previous occasions and there have been no changes in subjective complaints or objective findings since those disapprovals. The request for MRI of the head is determined to not be medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203, 207-209, 214.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. There are no indications in the available documentation to support the use of shoulder MRI in this case. The only objective findings include tenderness and mild decrease in range of motion. The request for MRI of the right shoulder is determined to not be medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd edition back pain chapter updated 4/07/08, page 52.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, and 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. There is no documentation that indicates the presence of nerve impairment or existence of red flags in this case. There is no support for the use of lumbar MRI in this case. The request for MRI of the lumbar spine is determined to not be medically necessary.