

Case Number:	CM13-0072198		
Date Assigned:	01/08/2014	Date of Injury:	04/23/2012
Decision Date:	09/29/2015	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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: Physical Medicine & Rehabilitation, Pain Management

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 42 year old male sustained an industrial injury to the neck, low back and left shoulder on 4-23-12. Previous treatment included left shoulder injection, magnetic resonance imaging cervical spine, magnetic resonance imaging arthrogram left shoulder and medications. In an initial pain management consultation dated 9-16-13, the injured worker claims constant neck pain with radiation to the shoulders and bilateral upper extremities associated with numbness, tingling and weakness, left shoulder pain with swelling, numbness and tingling and low back pain with radiation down the left leg. The injured worker rated his pain 7 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation in the left and mid paraspinal region with decreased sensation at the C4-6 distribution and lumbar spine with tenderness to palpation in the bilateral paraspinal region and facet joints with spasms, 5 out of 5 lower extremity strength, decreased sensation at the left L3-5 distribution, pain upon lumbar extension, decreased range of motion and positive straight leg raise. Current diagnoses included neck pain rule out cervical spondylosis, neck pain with radicular symptoms, low back pain rule out lumbar spondylosis, low back pain with radicular symptoms and lumbar spine sprain and strain. The injured worker received trigger point injections to the lumbar spine during the office visit. The treatment plan included magnetic resonance imaging cervical spine and lumbar spine and continuing current medications.

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 without contrast: 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): 303-304.

Decision rationale: Regarding the request for lumbar MRI, ACOEM Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is documentation of reduced sensation at the L3-L5 levels, and radicular pain in the lower extremities. However, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Given this, the currently requested lumbar MRI is not medically necessary.