

Case Number:	CM14-0136820		
Date Assigned:	09/03/2014	Date of Injury:	01/28/2013
Decision Date:	03/02/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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: Internal 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:

This 43 year old female was injured 1/28/13 and 11/20/13 per documentation. She was loading and unloading boxes when she experienced left shoulder pain. Prior incident involved 18 pairs of shoes falling on her right hand causing pain and swelling (1/1/13). The result of this injury was pulled muscle which was verified with radiographs and treatment included 8 physical therapy sessions which were not helpful. She experienced low back and cervical spine pain with prolonged activities, heavy lifting, sexual intercourse; she had sleep difficulty and was stressed and depressed due to financial situation. Pain intensity was 3/10 in the cervical region and 4/10 low back (7/22/14). On physical exam sensation is intact and equal bilaterally in upper extremities and decreased over L4-S1 dermatomes on the right; motor strength is normal bilaterally in both upper and lower extremities; straight leg raise and Kemp's causes increased pain bilaterally; lumbar range of motion is decreased Her cervical region was tender on palpation with spasm over the paravertebral muscles; shoulder depression causes increased pain on the left. Diagnostic studies included MRI Cervical Spine (3/29/13) (6/5/13) demonstrated 1-2 mm posterior disc bulge at C3-7 without central stenosis or neural foraminal narrowing; MRI Lumbar Spine (6/5/13) demonstrated L4-5:2-3 mm posterior disc bulge resulting in mild left neural foraminal narrowing and L5-S1: 2-3 mm posterior disc bulge resulting in mild right neural foraminal narrowing; radiographs of the right and left hand (6/5/13) were unremarkable; radiographs of the cervical spine and left shoulder (2/11/13) were negative. The diagnoses included cervical and left shoulder sprain/ strain; shoulder and cervical muscle spasm; shoulder pain; cervicgia; cervical disc protrusion, per MRI; loss of sleep secondary to pain. Her

conservative treatments included chiropractic treatments, physical therapy, acupuncture and aqua therapy. The number of treatments and results were not documented. She continued to perform home exercise program. She received a steroid injection (9/12/13) into the right middle finger and declined further injections or surgery. Her medications included ibuprofen and pantoprazole. She can work but with no lifting greater than 40 pounds, limit prolonged sitting, standing, walking, reaching, bending and squatting. On 7/31/14 Utilization Review non-certified the request for MRI of the lumbar spine based on insufficient evidence of specific nerve compromise on neurological examination and no documentation that the conservative treatments had failed. The guidelines referenced were ACOEM-Low Back and ODG-Low Back.

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. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 7/3/14

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses magnetic resonance imaging MRI of the lumbosacral spine. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Medical records document MRI magnetic resonance imaging of the lumbar spine dated June 5, 2013 documented a 2-3 millimeter posterior disc bulge at L4-L5 resulting in mild left neural foraminal narrowing. A 2-3 millimeter posterior disc bulge at L5-S1 resulting in mild right neural foraminal narrowing was noted. The primary treating physician's progress report dated July 22, 2014 documented mild tenderness of the lumbosacral tenderness on physical examination. No neurologic deficits were documented. No evidence of cauda equina, tumor, infection, or fracture was documented. The request for lumbar MRI is not supported by the medical records. The request for lumbar MRI magnetic resonance imaging is not supported by MTUS guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.