

Case Number:	CM14-0195195		
Date Assigned:	12/02/2014	Date of Injury:	11/01/2007
Decision Date:	02/06/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 57-year-old female with an injury date of 11/01/2007. Based on the 05/06/2014 progress report, the patient complains of cervical spine pain as well as pain/spasm radiating to her left shoulder with left-sided radiculopathy due to cervical spondylosis. She has pain and clicking in her neck. She continues to have persistent nerve symptoms in bilateral legs with left greater than right as well as left shoulder pain to a lesser degree. She rates her pain as an 8/10 without medications and a 3/10 with medications. In regards to cervical spine, the patient has a diminished range of motion with pain at end range in all directions. Lumbar spine has tenderness to palpation over the paraspinal musculature. The patient is tested positive for the sitting straight leg raise on both the right and left side. She has an antalgic gait. She has a decreased sensation in the left C5, left C6, left/right C8, left L4, left/right L5 dermatomes. Sensitivity to light touch is decreased in the right upper extremity. In regards to left shoulder, there is tenderness noted over the AC joint and there are clear signs of impingement. The patient has subacromial bursitis and a painful limited range of motion. The 09/03/2014 report states that the patient continues to have cervical spine pain as well as pain and spasm radiating to her left shoulder with left-sided radiculopathy due to cervical spondylosis. The patient feels a clicking in her left shoulder and in her neck. She has numbness and tingling in her bilateral legs with the left greater than the right. She rates her pain as an 8/10 without medications and a 3/10 with medications. No further positive exam findings were provided. The patient's diagnoses include the following: Lumbar radiculopathy. Degenerative disk disease, lumbar. GERD. Pain in joint: shoulder region. Brachial neuritis or radiculitis NOS. Cervicalgia. Degeneration of cervical intervertebral disk. Cervical spondylosis without myelopathy. The utilization review

determination being challenged is dated 11/14/2014. There were two treatment reports provided from 05/06/2014 and 09/03/2014.

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: Overturned

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 MRI.

Decision rationale: Based on the 09/03/2014 report, the patient presents with cervical spine pain as well as pain/spasm radiating to her left shoulder with left-sided radiculopathy. The request is for an MRI of the lumbar spine without contrast. The rationale is that "there was no significant change in her low back symptoms noted." It does not appear as though the patient had a previous MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "An equivocal objective that identify specific nerve compromise and neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery an option. Neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines low back chapter MRI topic states that, "MRI are tests of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRIs is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, recurrent disk herniation)." There is no indication of the patient having any prior MRI of the lumbar spine. The reason for the request was not provided. The patient has been having pain in her lumbar spine as early as 05/06/2014. In regards to lumbar spine, there is tenderness to palpation upon the paraspinal musculature and a positive sitting straight leg raise on both the right and left side. There is decreased sensation at the left L4 and left/right L5. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain, the requested MRI of the lumbar spine is medically necessary.