MAXIMUS Federal Services

Case Number:	CM14-0197110		
Date Assigned:	12/05/2014	Date of Injury:	04/19/2012
Decision Date:	01/16/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency Medicine 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:

This 64 year old female sustained work related industrial injuries on June 28, 2012. The mechanism of injury was not described. She subsequently complained of shoulder pain and neck pain. The injured worker was diagnosed and treated for lumbar disc disease/degeneration, lumbar intervertebral disc herniation at L4-L5 and L5-S1, lumbar radiculopathy, cervical strain/sprain, myofascial pain, right shoulder internal derangement, and left shoulder rotator cuff. The injured worker's treatment consisted of radiographic imaging, laboratory studies, medication management, modified activity level, consultations and periodic follow up visits. According to orthopedic consult dated April 21, 2014, Magnetic Resonance Imaging (MRI) of lumbar spine performed on October 4, 2012 revealed circumferential disc bulge at the L4-L5 level impressing on the cal sac with bilateral facet arthrosis and bilateral neural foraminal narrowing with an annular tear. There was also central disc protrusion at the L5-S1 noted. Magnetic Resonance Imaging (MRI) of the cervical spine performed on December 12, 2012 revealed disc desiccation at C2-3 down to C7-T1 with loss of disc height and straightening of the cervical lordosis with decreased range of motion in flexion and extension which may reflect an element of myospasms. There was also a 1.2 millimeter disc bulge at C3-4, C4-5 and C5-6. Magnetic Resonance Imaging (MRI) of the right shoulder dated March 21, 2014 revealed acromioclavicular osteoarthritis, supraspinatous tendinitis, and infraspinatus tendinitis of the left shoulder. MRI of the left shoulder dated March 21, 2014 revealed complete tear of supraspinatous tendon with 6mm tendonous retraction, infraspintous tendonitis and acromioclavicular osteoarthritis. According to the treating provider notes dated November 6, 2014, the diagnostic impression was impingement syndrome, rotator cuff tear nontraumatic, cervical radiculopathy and sprain and strain of lumbosacral spine. The treatment plan was to continue with pain medications, referral for internal medicine consult to evaluate surgical competency, request for MRI of cervical spine/

lumbar and a surgical request for shoulder/arm. As of November 6, 2014, the injured worker remains on temporary total disability. The treating physician prescribed request for MRI of lumbar spine and MRI of cervical spine now under review. On November 19, 2014, Utilization Review evaluated the prescription for MRI of lumbar spine and MRI of cervical spine requested on November 12, 2014. Upon review of the clinical information, UR noncertified the request, noting lack of current physical examination and lack of clinical documentation to support the medical necessity for requested Magnetic Resonance Imaging (MRI)'s according to the ODG criteria. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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

Decision rationale: The requested MRI lumbar spine is not medically necessary. According to CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify 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".The treating physician has not documented sufficient physical exam evidence of nerve compromise nor acute clinical change since the prior imaging study.The criteria noted above not having been met, MRI lumbar spine is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI cervical spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify 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".The treating physician has not documented sufficient physical exam evidence of nerve compromise nor acute clinical change

since the prior imaging study.The criteria noted above not having been met, MRI cervical spine is not medically necessary.