

Case Number:	CM14-0208843		
Date Assigned:	12/22/2014	Date of Injury:	08/24/2011
Decision Date:	09/30/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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: Texas, California

Certification(s)/Specialty: Family Practice

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 51 year old female who sustained an industrial injury on August 24, 2011. The accident was described as while working she tripped over a low metal cart hitting her head and resulting in injury. A follow up dated August 12, 2014 reported chief subjective complaint of bilateral shoulder pain, posterior cervical spine pain, lower back pain, bilateral hand and wrist pain and severe knee pain. She states having completed a course of physical therapy treating both the shoulders and the neck in April of 2014. She participates in home exercise program. She ambulates with the use of a cane. Objective assessment noted cervical tenderness to palpation over the paraspinal and upper trapezius bilaterally. The left shoulder is with surgical incision, left and mild to moderate tenderness to palpation over the acromion, deltoid, right and severe on the left. There were positive impingement signs bilaterally. Tinel's test noted negative bilaterally to wrists. The following diagnoses were applied: cervical disc syndrome; lumbar disc syndrome; bilateral shoulder internal derangement, and bilateral wrist internal derangement. The plan of care noted: prescribing Lidoderm patches, remain temporarily and totally disabled. A secondary treating follow up dated July 18, 2014 reported subjective complaint of having fewer episodes of gastric upset, no change in quality of sleep, and being status post carpal tunnel release July 05, 2013. Topical analgesia creams were prescribed this visit. A primary treating visit dated October 21, 2014 reported subjective complaint of neck, left shoulder and low back pain. The worker was diagnosed with the following: displacement of lumbar intervertebral disc without myelopathy; left shoulder adhesive capsulitis; right shoulder internal derangement, unspecified, and internal derangement left knee unspecified. Of note, she did undergo a

magnetic resonance imaging scan of the lumbar spine on February 11, 2014 that showed L4-5 and L5-S1 broad-based disc bulges with mild bilateral neural foraminal narrowing. At follow up on October 15, 2014 with a secondary provider the plan of care noted: she was to undergo updated magnetic resonance imaging study of cervical spine and lumbar spine in both flexion and extension. The patient's surgical history include bilateral shoulder surgery and CTR. The medication list include Losartan, Metformin, Metoprolol, Ibuprofen and Naproxen. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the Lumbar Spine: 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 based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online Edition Chapter: Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

Decision rationale: Request: Per the ACOEM low back guidelines cited below "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 who 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. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation)." Of note, she did undergo a magnetic resonance imaging scan of the lumbar spine on February 11, 2014 that showed L4-5 and L5-S1 broad-based disc bulges with mild bilateral neural foraminal narrowing. Significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. A recent detailed clinical evaluation note of the treating physician was not specified in the records provided. The records provided do not specify significant objective evidence of consistently abnormal neurological findings including abnormal EDS (electro-diagnostic studies). Patient did not have evidence of severe or progressive neurologic deficits that are specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided

patient has received an unspecified number of PT visits for this injury till date. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The medical necessity of the MRI of the Lumbar Spine is not fully established for this patient.