MAXIMUS Federal Services

Case Number:	CM15-0003313		
Date Assigned:	01/14/2015	Date of Injury:	10/02/2014
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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

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 57 year old male sustained an industrial injury on 10/2/14 with subsequent shoulder pain and left thigh pain. X-rays of the left hip were negative for acute process. The injured worker was diagnoses with right shoulder sprain/strain, thigh contusion and thigh sprain. The injured worker later developed neck and back pain. Treatment to date included Tylenol, chiropractic treatments and ice packs. In a PR-2 dated 12/12/14, the injured worker complained of constant right shoulder pain with radiation down the right arm to the wrist, sharp neck pain on rotation, burning pain in the mid and low back and bilateral knee pain on squatting, kneeling and twisting. Physical exam was remarkable for diffuse tenderness in the posterior cervical musculature with full range of motion, right shoulder with abduction 45 degrees, extension 10 degrees, abduction 30 degrees and positive impingement signs, normal neurologic exam of the upper and lower extremities, thoracolumbar spine with diffuse tenderness throughout, and range of motion forward bending to 80 degrees and extension at 10 degrees. Current diagnoses included rule out right shoulder rotator cuff tear with impending adhesive capsulitis, cervical strain, thoracolumbar strain and bilateral knee contusions. The treatment plan included chiropractic treatment once a week for four weeks, magnetic resonance imaging of the lumbar spine and medications (Tramadol, Anaprox and Fexmid). On 12/17/14, Utilization Review non-certified a request for MRI lumbar spine, noting the lack of indication of lumbar spine pathology, ACOEM and ODG Guidelines were cited. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 and 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation low back chapter, MRI

Decision rationale: The 57 year old patient presents with sharp constant pain in the right shoulder that radiates to the right arm and wrist, sharp neck pain on rotation, and burning pain in mid back and bilateral knees, as per progress report dated 12/12/14. The request is for MRI OF THE LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 10/02/14. Diagnoses, as per progress report dated 12/12/14, includes cervical strain, thoracolumbar strain, and bilateral knee contusions. Medications include Tramadol, Anaprox, Fexmid and Protonix. The patient is off work, as per progress report dated 12/04/14. ACOEM Guidelines, chapter 8, page 177 and 178, state 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. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, a review of the available progress reports does not indicate prior MRI. The patient complains of low back pain accompanied by burning pain in the bilateral knees. Physical examination reveals tenderness throughout the thoracolumbar spine along with limited range of motion, as per progress report dated 12/12/14. As per progress report dated 12/04/14, the Kemp's test is positive for mid and lower back. The treater requests for an MRI of the lumbar spine in the same report.Although the treater does not discuss the purpose of the test, the patient does suffers from significant low back symptoms in spite of conservative treatments including medications and chiropractic treatment. ACOEM supports MRIs in patients who do not respond to treatment. Hence, the request IS medically necessary.