

<b>Case Number:</b>	CM15-0104609		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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:

The injured worker is a 64 year old female, who sustained an industrial injury on 8/23/13. She reported initial complaints of back, left shoulder and neck pain. The injured worker was diagnosed as having lumbar disc displacement with myelopathy; sciatica; left hip sprain/strain; partial tear to rotator cuff left shoulder. Treatment to date has included lumbar back brace; cane; physical therapy; chiropractic therapy; acupuncture; heating pads; status post Left suprascapular nerve block with a left cervical nerve block (3/19/15); medications. Diagnostics included X-ray lumbar spine (5/19/14); MRI left shoulder (7/21/14). Currently, the PR-2 notes dated 4/27/15 indicated the injured worker complains of left shoulder intermittent moderate pain described as throbbing aggravated by using arms. The lumbar spine pain is constant moderate to severe with sharp pain aggravated by bending forward at the waist. The left hip pain is constant and severe described as sharp and made worse by standing or walking. The pain radiates to the left foot with numbness felt over the left hip extending into her leg. The provider notes the injured worker wears a back support and ambulates with a cane. There are +3 spasms and tenderness to the bilateral lumbar paraspinal muscles from L1-S1 and multifidus. There are +3 spasm and tenderness to the left piriformis muscle. Kemp's test was positive bilaterally with straight leg raise test positive on the left. Yeoman's was positive on the left as well as Braggard's. The left L4, L5 and S1 mytome showed marked weakness. There is shoulder numbness and tingling to the left elbow with +4 spasm/tenderness to the left rotator cuff muscles and left upper shoulder muscles. Codman's test was positive on the left with Speed's test and supraspinatus test positive as well. The provider is requesting a 3D MRI of the lumbar spine (4/27/15 order).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**3D MRI of the lumbar spine, per 04/27/15 order:** 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): Chapter 12- Low Back Complaints, Imaging, pages 303-304.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Lower Back Disorders, Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, none identified here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the Lumbar spine nor document any specific changed clinical findings of neurological deficits, progressive deterioration, or acute red-flag findings to support repeating this imaging study. The patient exhibits continued chronic low back pain with unchanged clinical findings. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The 3D MRI of the lumbar spine, per 04/27/15 order is not medically necessary and appropriate.