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| <b>Case Number:</b>   | CM15-0137129 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 04/01/2011 |
| <b>Decision Date:</b> | 08/25/2015   | <b>UR Denial Date:</b>       | 07/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 38 year old male, who sustained an industrial injury on 4/1/11. Initial complaints were not reviewed. The injured worker was diagnosed as having pain involving the shoulder region; rotator capsule sprain. Treatment to date has included status post left shoulder diagnostic and operative arthroscopy with biceps tendon tenodesis, acromioplasty, Mumford procedure, lysis of adhesions, subacromial decompression/bursectomy, partial synovectomy, removal loose bodies (4/28/15); physical therapy; medications. Diagnostics studies included MRI lumbar spine (6/11/12); EMG/NCV study lower extremities (11/2013). Currently, the PR-2 notes dated 6/18/15 indicated the injured worker came to the office for a re-examination of his left shoulder and cervical spine. He reports continued pain at this time rated as 5/10. He is a status post left shoulder diagnostic and operative arthroscopy with biceps tendon tenodesis, acromioplasty, Mumford procedure, lysis of adhesions, subacromial decompression/bursectomy, partial synovectomy, removal loose bodies on 4/28/15. He has completed a physical therapy program for the left shoulder, which has helped improve his range of motion but pain remains. Another provider recommended an MRI of the lumbar spine. The provider documents results of x-rays of the left shoulder and left humerus revealing no increase in osteoarthritis. X-rays of the cervical spine reveal no loss of cervical lordosis and thoracic and lumbar spine show no loss as well. An MRI lumbar spine dated 6/11/12 indicated a L3-4 circumferential disc bulge compressing the ventral aspect of the thecal sac and bilateral nerve roots. At L4-5 there was a circumferential disc bulge and a tear of the annulus compression and displacing the thecal sac and bilateral transiting nerve roots resulting in spinal canal and bilateral neuroforaminal stenosis.

L5-S1 reveals a circumferential disc bulge of 5mm with a broad-based central disc protrusion compressing and displacing the thecal sac and bilateral transversing nerve roots resulting in spinal canal and bilateral neuroforaminal stenosis. An EMG/NCV study of the lower extremities dated 11/2013 impression is documented by this provider as right chronic L5 denervation with associated numbness in the right lower extremity. The provider is requesting authorization of MRI of the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI (magnetic resonance imaging) Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI (magnetic resonance imaging) Section.

**Decision rationale:** The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. The ODG recommends repeat MRI when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, diagnostics studies included MRI lumbar spine (6/11/12); EMG/NCV study lower extremities (11/2013). An MRI lumbar spine dated 6/11/12 indicated a L3-4 circumferential disc bulge compressing the ventral aspect of the thecal sac and bilateral nerve roots. At L4-5 there was a circumferential disc bulge and a tear of the annulus compression and displacing the thecal sac and bilateral transiting nerve roots resulting in spinal canal and bilateral neuroforaminal stenosis. L5-S1 reveals a circumferential disc bulge of 5mm with a broad-based central disc protrusion compressing and displacing the thecal sac and bilateral transversing nerve roots resulting in spinal canal and bilateral neuroforaminal stenosis. An EMG/NCV study of the lower extremities dated 11/2013 impression is documented by this provider as right chronic L5 denervation with associated numbness in the right lower extremity. The physical examination of the injured worker does not support lumbar neuropathy and there are no appreciable changes in symptoms since the prior MRI, therefore, the request for MRI (magnetic resonance imaging) lumbar spine is not medically necessary.