

<b>Case Number:</b>	CM15-0137706		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 57 year old female, who sustained an industrial injury on 6/6/14. Initial complaints were of her right shoulder, left hand/wrist and low back. The injured worker was diagnosed as having tendinitis/impingement syndrome right shoulder; tendinitis left wrist; lumbar spine strain/sprain with probable associated discopathy; clinical bilateral lower extremity radiculopathy.. Treatment to date has included right shoulder injection; chiropractic therapy; physical therapy; splint for elbow/wrist; urine drug screening; medications. Diagnostics studies included EMG/NCV upper extremities (6/20/14); MRI left elbow (8/1/14); MRI left wrist (8/8/14); MRI lumbar spine (8/19/14; 6/12/15); MRI right shoulder (8/19/14; 6/12/15). Currently, the PR-2 notes dated 6/11/15 indicated the injured worker complains of right shoulder pain and stiffness with popping, clicking and grinding sensations in the right shoulder. She also complains of pain and stiffness to her left wrist and hand with numbness and tingling in the left upper extremity. She also reports cramping and weakness in her left hand. She complains of constant pain and stiffness to her low back radiating down both legs with numbness and tingling in the legs. The provider documents she has had no surgeries regarding her industrial injuries. On physical examination, the provider documents the injured worker has a normal gait. The right shoulder is unremarkable with tenderness to palpation over the anterolateral and posterosuperior aspects. Her range of motion is limited with flexion 145 degrees, extension to 30 degrees, abduction 125 degrees, adduction to 25 degrees and external rotation to 50 degrees and internal rotation 65 degrees. Her impingement testing is positive with a negative apprehension test. The left wrist and hand are unremarkable with tenderness to palpation over the volar crease. Range of motion is limited with flexion to 55 degrees, extension 45, radial deviation to 10 degrees and ulnar deviation to 20 degrees. Tinel's and Phalen's testing is equivocal. Her motor power is grade

5/5 in both upper extremities. Sensation is decreased to light touch and pinprick in the median nerve distribution of the left extremity. Her biceps and triceps reflexes are present and symmetric with radial pulses intact. On examination of the lumbar spine, the provider documents tenderness to palpation over the paraspinal region with spasms present. Her range of motion of the lumbar spine is limited with flexion to 45 degrees, extension to 15 degrees, right lateral and left lateral bending to 20 degrees. Straight leg-raises are positive bilaterally at 50 degrees in both sitting and supine positions. The sacroiliac strain testing is negative. Sensation is decreased to light touch and pinprick in the bilateral lower extremities with patellar and Achille's reflexes present and symmetric at 2+. Dorsalis pedis and posterior tibialis pulses are intact bilaterally. An EMG/NCV of the upper extremities (6/20/14) was submitted and reveals a normal EMG study of the cervical spine and upper extremities showing no acute or chronic denervation potentials in any of the muscles tested and right mild and left moderate carpal tunnel syndrome. The PR-2 notes dated 4/16/15 document a MRI of the left wrist (8/8/14) concluded avascular necrosis within the ulna measuring 7mm in diameter with subchondral cyst formation and small radioulnar joint effusion. The same notes document a MRI of the left elbow dated 8/1/14 revealing lateral epicondylitis. A copy of the lumbar spine MRI and MRI of the right shoulder dated 6/12/15 were submitted in these records. The provider's treatment plan included a request for a MRI scan of the right shoulder to assess for any internal derangement and an updated EMG/NCV study of the upper extremities to rule out carpal tunnel syndrome and MRI scan of the lumbar spine to rule out any associated discopathy. The provider is requesting authorization of MRI lumbar spine at this time.

### **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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

**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. A copy of the lumbar spine MRI and MRI of the right shoulder dated 6/12/15 were submitted in these records. The provider's treatment plan included a request for a MRI scan of the right shoulder to assess for any internal derangement and an updated EMG/NCV study of the upper extremities to rule out carpal tunnel syndrome and MRI scan of the lumbar spine to rule out any associated discopathy. The provider is requesting authorization of MRI lumbar spine at this time. There is no evidence of red flags in this case and there is no indication of neurovascular compromise. The request for MRI, lumbar spine is determined to not be medically necessary.