

Case Number:	CM15-0144916		
Date Assigned:	08/05/2015	Date of Injury:	08/25/2011
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 08-25-2011. Mechanism of injury occurred when he was loading freight into a trailer and incurred left shoulder, lumbar spine and right knee injuries. Diagnoses include failed surgery of the left shoulder, cervical disc herniation with myelopathy, lumbar spondylosis with myelopathy, partial tear of the rotator cuff tendon of the left shoulder, rotator cuff syndrome of the bilateral shoulders, thoracic spondylosis without myelopathy, chondromalacia patella of the right knee, anxiety, insomnia, hypertrophy of the prostate and impotence. Treatment to date has included diagnostic studies, medications, left shoulder surgery, and physical therapy. He is temporarily totally disabled. On 03-25-2014 a lumbar Magnetic Resonance Imaging revealed L4-5 there is a 3mm disc protrusion with abutment of the descending L5 nerve roots bilaterally; at the L2-3 there is a 2mm right foraminal disc protrusion with narrowing of the right neural foramen and some abutment of the exiting right L2 nerve root and multilevel facet arthropathy. On 10-01-2012 an Electromyography and Nerve Conduction Velocity was done and was normal. A physician progress note dated 06-08-2015 documents the injured worker complains of cervical spine, right knee, bilateral shoulder, thoracic spine and lumbar spine pain. He has tenderness and spasm present at the lumbar spine and Kemps and Yeoman's test are positive. He walks using a cane. His cervical spine pain is constant moderate pain that was described as sharp and the pain radiates to his thoracic spine. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive. His right knee pain is occasional and severe and is dull, he has left shoulder pain that is constant and is described as burning. The thoracic spine

pain is intermittent and moderate and is described as sore. His lumbar spine pain is constant and moderate and is described as sharp, and it radiates down his lower extremities. He uses a cane to ambulate and he has spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1 and multifidus. He has right shoulder pain that is frequent and moderate and is described as sore. The treatment plan includes pending right knee surgery, a urology consultation. Treatment requested is for 3D MRI of lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, 3D MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are failed surgery left shoulder; cervical disc herniation with myelopathy; lumbar spondylosis with myelopathy; partial tear rotator cuff left shoulder; rotator cuff syndrome bilaterally; thoracic spondylosis without myelopathy; chondromalacia patella right knee; anxiety, insomnia and impotence. Date of injury is August 25, 2011. Request authorization is June 25, 2015. An MRI was performed at March 25, 2014. The results showed at L4 - L5 3 mm circumferential disc protrusion with abutment of the descending L5 nerve roots bilaterally; at L2 -L3, there is a 3 mm right foraminal disc protrusion narrowing of the right neural foramen and some abutment of the exiting right L2 nerve root; and multi-level facet or property. According to a June 8, 2015 progress no, the injured worker has ongoing pain in the neck, shoulders, upper and lower back. With respect to the lumbar spine, pain radiates down the bilateral lower extremities. Objectively, there is tenderness and spasm noted. There is no neurologic evaluation and no unequivocal objective findings that identifies specific nerve compromise. The treating provider indicates there is a red flag compatible with chronic pain. Chronic pain is not a red flag. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant

pathology. There are no significant changes in clinical symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with significant changes in clinical symptoms and/or objective findings, unequivocal objective findings that identifies specific nerve compromise, objective evidence of a neurologic examination and compelling clinical documentation to support repeating an MRI of the lumbar spine, 3D MRI of the lumbar spine without contrast is not medically necessary.