Case Number:	CM15-0163248		
Date Assigned:	08/31/2015	Date of Injury:	02/03/2005
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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 49-year-old female sustained an industrial injury to the low back, wrists and hands on 2-3-05. Previous treatment included lumbar fusion (2006), injections, back brace and medications. In a progress report dated 6-25-15, the physician noted that magnetic resonance imaging obtained in May 2015 showed a protrusion and herniated disc above the level of a successful L4- S1 fusion. In an initial orthopedic evaluation dated 7-29-15, the injured worker complained of left shoulder pain rated 4 out of 10 on the visual analog scale, lumbar spine pain rated 7 out of 10 with radiation to the right leg and bilateral knees associated with burning, tingling, weakness and giving way. Physical exam was remarkable for left shoulder with decreased range of motion, positive Neer's, cross over impingement, Apley's and Hawkin's tests with tenderness to palpation and weak abduction against resistance and lumbar spine with decreased range of motion, positive toe-heel walk, tenderness to palpation to the paraspinal musculature and mild loss of sensation in bilateral thighs. The injured worker walked with a non-antalgic gait and exhibited an upright posture. Current diagnoses included status post lumbar fusion, bilateral carpal tunnel syndrome, left shoulder impingement syndrome, left acromial cartilage disorder, left bicipital tendonitis, left subacromial subdeltoid bursitis and lumbar spine radiculopathy. The treatment plan included requesting authorization for x-rays of the lumbar spine, magnetic resonance imaging lumbar spine, x-rays left shoulder, x-rays magnetic resonance imaging and electromyography and nerve conduction velocity test bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

Decision rationale: The current request is for MRI lumbar spine without contrast. Previous treatment included lumbar fusion (2006), physical therapy, injections, back brace and medications. The patient remains off work. 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, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." 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." ODG guidelines further states that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per PTP follow up, report 06/25/15, the patient presents with chronic left shoulder, lower back and bilateral knee pain. The lumbar spine pain is rated 7 out of 10 with radiation to the right leg. Examination of the lumbar spine showed decreased range of motion, positive toe-heel walk, tenderness to palpation to the paraspinal musculature and mild loss of sensation in bilateral thighs. The treater states, "I reviewed her MRI which showed that she has a protrusion and herniated disc above the level of a successful L4 through S1 fusion. It is well seen on an MRI that she just had in May." Per Initial Orthopedic Evaluation report dated 07/29/15, request is made for an MRI of the lumbar spine "to make sure that the instrumentation is intact." In this case, the patient had a repeat MRI of the l-spine in May of 2015. It appears that the requesting physician is unaware of this MRI, as his comprehensive evaluation report does not discussion this report. In any case, there is no significant change in symptoms or examination findings to warrant a repeat MRI. This request is not medically necessary.