

Case Number:	CM15-0165491		
Date Assigned:	09/03/2015	Date of Injury:	12/31/2014
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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 32 year old female who sustained an injury on 12-31-14 resulting while opening a shipment of merchandise she turned around quickly catching her right foot in the steps of a ladder that was behind her. She attempted to pull her foot away but couldn't; lost her balance and landed on the right side of her body. She experience a popping pain in her right knee, and had pain and swelling immediately in the right knee. Physical therapy two times a week for 3 months was prescribed that included hot packs, electrical muscle stimulation, stretching and strengthening exercises. Naproxen was prescribed as a muscle relaxant. She worked light duty. Physical therapy and acupuncture was later prescribed for neck pain and lower back region which provided benefit. Diagnoses include right hip musculoligamentous sprain, strain; thoracic spine musculoligamentous sprain, strain; thoracic myospasms; lumbar spine musculoligamentous sprain, strain; lumbar myospasm with radiation to right lower extremity radiculopathy; loss of consciousness; difficulty sleeping; anxiety and stress. Testing included functional capacity evaluation on 7-23-15. On 6-16-15 the IW was placed on temporary total disability. X-rays of the right shoulder and right knee were completed. The psychological evaluation performed on 3- 19-15 reports diagnoses are adjustment disorder with mixed anxiety and depressed mood; physical disorders and conditions; severity of psychosocial stressor. No psychological or psychiatric care was needed at the time of this evaluation. The objective physical examination findings on 7-30-15 report tenderness to palpation with mild muscle spasm is present over the paraspinal and trapezius muscles bilaterally; lumbar spine tenderness to palpation with muscle guarding present over the bilateral paraspinal musculature;

straight leg raising test both seated and supine elicits right sided radicular component to the foot; flexion is 38 degrees and extension is 10 degrees; right shoulder has tenderness to palpation over the supraspinatus tendon and periscapular region; Right knee has tenderness to palpation over the medial and lateral joint lines and peripatellar region. Recommendations included acupuncture two times a week for 3 weeks directed to the cervical spine, lumbar spine, right shoulder and right knee; request authorization for an MRI of the lumbar spine secondary to ongoing radicular complaints and to evaluate for disc pathology. Included in the medical records are the MRI performed on 8-7-15 that reveals at L5-S1 a 1 mm midline disc bulge with mild effacement of the anterior thecal sac and with no central canal narrowing; no disc protrusion or neural abutment; minimal facet arthropathy at L4- L5. Current requested treatments MRI (magnetic resonance imaging) 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.

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

Decision rationale: ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, 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. 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 have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. Clinical exam did not demonstrate any specific myotomal/dermatomal neurological deficits. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Review indicates recent MRI in August 2015 with 1mm disc bulge without canal or foraminal stenosis. The MRI (magnetic resonance imaging) Lumbar Spine is not medically necessary and appropriate.