

Case Number:	CM15-0186912		
Date Assigned:	09/29/2015	Date of Injury:	11/21/2014
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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 59 year old female, who sustained an industrial injury on 11-21-2014. The medical records indicate that the injured worker is undergoing treatment for low back pain, lumbar facet pain, and mild anterolisthesis of L4 on L5, lumbar degenerative disc disease, and left elbow pain. According to the progress report dated 7-20-2015, the injured worker presented with complaints of low back and left elbow pain. She notes that her pain is worse since her last appointment. She denies any new symptoms or neurological changes. On a subjective pain scale, she rates her pain 5 out of 10 with medications and 8 out of 10 without. The physical examination of the lumbar spine reveals tenderness and spasm over the paraspinal muscles. She has limited range of motion due to pain. Examination of the left elbow reveals tenderness to palpation over the olecranon process. She has full range of motion, although it does cause increased pain. The current medications are Cyclobenzaprine and Celecoxib. Previous diagnostic studies include x-ray of the left elbow (12-23-2014) and MRI of the lumbar spine (8-26-2013). Treatments to date include medication management, physical therapy, and injections. Work status is described as working full duty. The original utilization review (8-27-2015) had non-certified a request for MRI of the lumbar spine and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not support spinal MRI studies unless red flag conditions are suspected or there are persistent/progressive neurological changes. These circumstances are not documented to be problematic for this individual. ODG Guidelines are consistent with this recommendations and repeat scans are not recommended without a substantial change in a condition that warrants an MRI. The stated reason for the MRI is to evaluate for facet or disc causation of the pain. Generally an MRI cannot answer this as facet changes on diagnostics do not correlate with facet generated pain. Also, without sciatica, disc pain cannot be diagnosed by MRI. There may be worsening of a spondylolisthesis, but this is better evaluated by x-ray studies not MRI studies. Under these circumstances, the requested lumbar MRI is not medically necessary.

MRI of the left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers'/Comp 2012 on the web www.odgtreatment.com Work loss Data Institute www.worklossdata.com updated 2/14/2012: acute & chronic elbow complaints: indications for imaging-Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Diagnostic Criteria.

Decision rationale: MTUS Guidelines Elbow Chapter under special studies supports the use of MRI studies if there are persistent elbow limitation persisting greater than 1 month. In particular, this is supported if there are consistent physical findings which this individual has. Due to the delayed recovery of this body part, a timely MRI is supported by Guidelines. The request for the left elbow MRI is supported by Guidelines and is medically necessary.