

Case Number:	CM15-0190528		
Date Assigned:	10/02/2015	Date of Injury:	05/22/2015
Decision Date:	12/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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 58 year old female, who sustained an industrial injury on 05-22-2015. She has reported subsequent pain in the left shoulder, left hip and bilateral knees and was diagnosed with left shoulder and lumbar muscle strain and left shoulder, left knee, right knee and left hip contusions. X-ray of the left shoulder on 05-22-2015 revealed no acute fracture, degenerative changes in the bony structures with osteophyte formation and mild narrowing in the glenohumeral joint. X-rays of the bilateral knees on 5-22-2015 revealed no acute fracture with mild degenerative changes with marginal osteophyte bilaterally, narrowing in the medial and lateral compartments of both knees and calcification in the suprapatellar tendinous insertion bilaterally. Electromyography-nerve conduction studies of the bilateral upper extremities on 07-24-2015 showed no evidence of median or ulnar entrapment neuropathy, peripheral polyneuropathy or plexopathy. Treatment to date has included pain medication, physical therapy and a home exercise program. The effectiveness of these methods at improving pain or function were not documented by the primary care physician. In a progress note dated 05-26-2015 progress note, the injured worker reported neck, shoulder, hip, back and leg pain and could not go to work because of pain. An injection of Toradol was given, oral pain medications were continued and physical therapy was started. Physical therapy notes in June 2015 indicated that the injured worker was making good progress towards goals and that pain in the neck, shoulder and low back was decreasing. In a progress note dated 08-06-2015, the injured worker reported left shoulder, bilateral hip and low back pain with minimal bilateral knee pain. The injured worker was noted to have intermittent numbness and tingling in the right upper extremity and in

the bilateral lower extremities. The physician noted that EMG-NCS study was reviewed and that the injured worker wanted to have an MRI. Objective examination findings revealed decreased range of motion, tenderness and pain in the left shoulder and lumbar spine, decreased range of motion of the right and left hip, pain in the cervical spine, patellar reflexes of 1+ bilaterally and Achilles reflexes of 1+ bilaterally. Work status was documented as full duty. A request for authorization of MRI of the cervical and lumbar spine, left shoulder and bilateral knees was submitted. As per the 09-01-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI of cervical spine is not medically necessary.

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 rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. MRI left shoulder is not medically necessary.

MRI bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. No red-flag indications are present in the medical record. Detailed evidence of severe and/or progressive deficits has not been documented. MRI of the bilateral knees is not medically necessary.