

Case Number:	CM15-0196872		
Date Assigned:	10/12/2015	Date of Injury:	05/27/2004
Decision Date:	11/25/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/06/2015

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 43 year old female, who sustained an industrial injury on 5-27-04. The injured worker was diagnosed as having brachial neuritis or radiculitis; degeneration of the lumbar or lumbosacral intervertebral disc; rotator cuff syndrome of shoulder and allied disorders. Treatment to date has included status post C5-C6 fusion (2007); status post left shoulder surgery arthroscopy (2008); physical therapy; medications. Currently, the PR-2 notes dated 8-7-15 indicated the injured worker presented for a follow-up visit. The provider documents the injured worker is working full duty and has a surgical history of a status post C5-6 fusion in 2007 followed by a left shoulder arthroscopy in 2008. Currently she reports ongoing neck pain and headaches with worsening left arm pain and numbness. She has occasional left hand symptoms to a similar degree and intensity with work activity. She reports daily left shoulder pain with limited range of motion. She is seeing a psychiatrist for depression and anxiety and paying for this treatment out of pocket. She reports since her last visit she has had an increase in low back and bilateral shoulder and neck pain with increased left lower extremity and left upper extremity numbness, tingling, weakness, and pain involving the left leg and extending to the toes. She reports frequent headaches. The provider documents "The pain score is 9 out of 10 without medications and 2 out of 10 with medication. The pain today is 7 out of 10. The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises." On physical examination, the provider documents tender to palpation of the paraspinals as well as suboccipital pain and left myofascial pain with trapezius and levator scapulae. Range of motion is somewhat limited and Spurling's maneuver is positive centrally; left negative and Hoffmann's

sign is negative on the right. Thoracic exam is normal for inspection and palpation. The lumbar exam is normal for inspection and palpation. His physical examination continues. The provider notes "Her leg and low back symptoms have taken a turn for the worse. Please consider this a formal request for an updated lumbar MRI as the patient's prior study became progressively outdated from an interventional standpoint. This is prior to considering interventional treatment. The patient has progressively neurologic deficit." A Request for Authorization is dated 9-18-15. A Utilization Review letter is dated 9-3-15 and non-certification for MRI for the lumbar spine. A request for authorization has been received for MRI for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Examination and consultations, page 127.

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- Lumbar and Thoracic Chapter, under MRIs, Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies.

Decision rationale: The patient was injured on 05/27/04 and presents with pain in her cervical and lumbar spine. The request is for a MRI for the lumbar spine as the "patient's prior study has become progressively outdated from an interventional standpoint." The utilization review rationale is that "there is insufficient information to determine if a repeat study is indicated." The RFA is dated 08/19/15 and the patient is working full duty. It appears that the patient has had a prior MRI of the lumbar spine. MTUS/ ACOEM Guidelines, Chapter 12, Special Studies Section, page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under Flexion/extension imaging studies states: "Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery." The patient has a limited lumbar spine range of motion, sciatic notch tenderness on the left, and a positive straight leg raise. She is diagnosed with brachial neuritis or radiculitis; degeneration of the lumbar or lumbosacral intervertebral disc; rotator cuff syndrome of shoulder and allied

disorders. Treatment to date includes status post C5-C6 fusion (2007); status post left shoulder surgery arthroscopy (2008); physical therapy; medications. The treater is requesting for an updated MRI of the lumbar spine because the "patient's prior study has become progressively outdated from an interventional standpoint. The patient has progressive neurologic deficit." In this case, the patient has had a prior MRI of the lumbar spine and the results are not provided. However, the treater states that the patient has "progressive neurologic deficit" and an updated MRI of the lumbar spine appears reasonable. Therefore, the requested MRI of the lumbar spine is medically necessary.