MAXIMUS Federal Services

Case Number:	CM15-0198867		
Date Assigned:	10/14/2015	Date of Injury:	06/28/2013
Decision Date:	11/25/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 40 year old female with a date of injury on 06-28-2013. The injured worker is undergoing treatment for cervical degenerative disc disease, lumbar degenerative disc disease, clinically consistent with cervical radiculopathy, left shoulder rotator cuff tear, left shoulder rotator cuff tendinitis and right knee pain. A physician progress note dated 08-21-2015 documents the injured worker continues to have persistent neck pain, shoulder pain, lower back pain as well as right knee pain. She rates her low back and neck pain a 5 out of 10. She is having increasing right hip and lower extremity pain. With physical therapy her shoulder ROM is increasing but pain is the same. Treatment to date has included diagnostic studies, medications, a knee brace, left shoulder steroid injections chiropractic sessions, psychotherapy, and physical therapy. A Magnetic Resonance Imaging of the lumbar spine dated 02-09-2015 revealed a 7mm lesion within the left neural foramen of L5-S1 corresponded to a benign ganglion and synovial cyst possibly a perineural root sleeve cyst. There was a 14mm peripherally enhancing presumed synovial cyst posterior to the right facet at L5-S1 with degenerative appearing peri-facet enhancement. The treatment plan includes refills for Norco and Voltaren gel, cervical three view x rays to evaluate cervical spine ongoing pain, a neurosurgical evaluation, lumbar upright plain x rays with flexion and extension view, and a new lumbar Magnetic Resonance Imaging to include T2 due to current Magnetic Resonance Imaging poor quality and evaluation could not be completed per current Magnetic Resonance Imaging. On 09-11-2013 Utilization Review non-certified the request for Magnetic resonance imaging (MRI) of the lumbar spine to include T2 (due to poor quality of current MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine to include T2 (due to poor quality of current MRI): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: California MTUS guidelines state, "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. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." Regarding this patient's case, a repeat MRI of the T2 level is being requested as there was poor image quality with the first MRI performed of this level. The documentation does not indicate that this patient is having neurological symptoms on physical exam specific to this level. Likewise, without additional documentation, this request cannot be considered medically necessary.