

Case Number:	CM15-0199364		
Date Assigned:	10/14/2015	Date of Injury:	06/03/2008
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old male who sustained an industrial injury on 9-30-06 (6-3-08 continuous trauma injury). Diagnoses are noted as neck pain, right shoulder pain, low back pain, and herniated disc L4-L5. MRI of the lumbar spine (2-17-14) reveals "large extruded herniated disc at L4-5 towards the right side, L4-L5 moderate to severe spinal stenosis and right NF stenosis, multi-level lumbar spondylosis with facet degenerative joint disease including bilateral L4-S1, multi-level disc bulges including annular fissure at L5-S1 with 3-4 mm disc bulge with disc contacting left S1 nerve root." A progress report dated 7-2-15 indicates he began having left leg pain approximately a month ago. The physician also notes he has reviewed another physician's reports indicating there is a large herniated disc at L4-L5 and that this does not correlate with his symptoms. In a progress report dated 7-23-15, the physician notes chief complaints of shoulder, neck and low back pain. Current medications noted are Mobic and Tramadol. Physical exam notes back spasms, 40 degrees of flexion and 10 degrees of extension and negative straight leg raise. Disability status is noted as permanent and stationary. The physician notes a recommendation for a repeat MRI of the lumbar spine and that "it has not been done" and "is preventing progression of this case." The treatment plan includes MRI of the lumbar spine, electromyography-nerve conduction study, physical therapy and urine toxicology to evaluate and confirm use of the pain medicine. Previous treatment includes physical therapy, MRI-lumbar spine (2-17-14), medication, and acupuncture. A request for authorization is dated 9-11-15 with a diagnosis noted as lumbar radiculitis. The requested treatment of MRI of the lumbar spine was non-certified on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: According to CA MTUS / (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, 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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). MRI imaging is indicated when cauda equina syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this particular patient there is indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 3/9/15. There is documentation nerve root dysfunction or failure of a treatment program such as physical therapy. There is evidence of a large extruded L4-5 disc herniation from an MRI from 2/2014 and a new MRI is necessary to assist with his ongoing care. Therefore the request of the MRI of the lumbar spine is medically necessary and appropriate and is certified.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

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

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 9 Shoulder complaints regarding imaging of the shoulder, page 207-208. Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness

from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In this case there is insufficient evidence to support the guidelines for MRI of the shoulder above. Therefore the determination is not medically necessary.