

Case Number:	CM15-0201882		
Date Assigned:	10/16/2015	Date of Injury:	11/30/2009
Decision Date:	11/25/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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 53 year old female, who sustained an industrial injury on 11-30-09. The injured worker was diagnosed as having neck pain; low back pain; left shoulder instability; left ulnar neuropathy. Treatment to date has included physical therapy; status post left shoulder arthroscopy with labral tear repair 9-2-14; medications. Currently, the PR-2 notes dated 9-17-15 indicated the injured worker complains of left shoulder pain as well as back and neck. She is a status post left shoulder arthroscopy with labral tear repair on 9-2-14. He documents "shoulder good; complains of back and tingling to left arm." On physical examination, the provider notes "Positive left shoulder pain, neck pain, low back pain, decreased range of motion from pain." He documents a physical examination with range of motion and notes "upper extremity sensation exam shows decreased sensation to the tingling to the left hand, middle fingers; and positive Tinel's ulnar nerve at left elbow. The EMG was reviewed. The EMG shows left upper extremity mild ulnar neuropathy at the left elbow." He also notes "Back Exam: The palpation exam reveals tenderness posteriorly laterally. The strength test shows slight decrease secondary to pain." His treatment plan includes physical therapy for the lumbar spine, a request for MRI of the lumbar spine to rule out nerve impingement and return in 6 weeks, no x-rays will be needed on next office visit. He makes no mention of x-rays of the lumbar spine on this visit. A PR-2 note dated 8-3-15 indicates the injured worker has complaints of neck, and mid back pain radiating to the left shoulder. Again, the EMG was reviewed and noted by the provider. Medical records back to March 26, 2015 indicate the same type of complaints and the provider at that time recommended a MRI of the lumbosacral spine "since this has been constantly bothering her." There is no

mention of lumbar x-rays in any of these current or prior notes. A Request for Authorization is dated 10-14-15. A Utilization Review letter is dated 9-23-15 and non-certification for MRI of the lumbar spine. A request for authorization has been received for MRI of the lumbar spine.

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 rationale: Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any failed conservative trial with medications and therapy. Clinical exam did not demonstrate progressive finding changes nor identified specific myotomal/dermatomal neurological deficits. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.