

Case Number:	CM15-0209044		
Date Assigned:	10/28/2015	Date of Injury:	12/11/2014
Decision Date:	12/15/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: Texas, California

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 38 year old male, who sustained an industrial injury on 12-11-2014. He has reported injury to the neck, left elbow, and low back. The diagnoses have included cervical spine myoligamentous sprain-strain; left shoulder strain; status post open reduction internal fixation of an open left elbow fracture; and lumbar spine myoligamentous sprain- strain. Treatment to date has included medications, diagnostics, physical therapy for the elbow, and surgical intervention. Medications have included Percocet and Tramadol. A progress report from the treating physician, dated 09-10-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent left elbow pain; severe neck and low back pain; and some left shoulder pain. Objective findings included there is tenderness in the cervical paravertebral muscles and the upper trapezius; cervical range of motion causes increased pain; weakness of rotator cuff strength, left shoulder; pain with palpation of the subacromial and subdeltoid bursa on the left; healed incision to the left elbow; mild swelling of the left elbow with decreased range of motion. Physical examination of the lumbar spine revealed; slight tenderness in the lumbar paravertebral muscles; and lumbar range of motion causes increased low back pain, no muscle spasm, normal gait, negative SLR. The provider noted, "The patient has had persistent low back pain for over six months since the injury" and recommends, "obtaining an MRI of the lumbar spine to evaluation for disc herniation and nerve root impingement". The treatment plan has included the request for MRI of the lumbar spine. The original utilization review, dated 09-23-2015, non-certified the request for MRI of the lumbar spine. The patient had X-ray of the lumbar

spine on 4/9/15 that revealed mild arthropathy and decreased lumbar lordosis. The patient had X-ray of the left elbow on 7/2/15 that revealed healed fracture and hardware was in place. The patient had used a TENS unit for this injury. The patient had received an unspecified number of PT visits for this injury. Per the note dated 8/6/15, the patient had complaints of low back pain. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, negative SLR, no muscle spasm and normal sensation. The patient sustained the injury due to MVA.

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, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., Online Edition Chapter: Low Back (updated 12/02/15)MRIs (magnetic resonance imaging).

Decision rationale: Request: MRI of the lumbar spine. Per the ACOEM, low back guidelines cited "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." Physical examination of the lumbar spine revealed no muscle spasm, normal gait, and negative SLR. The records provided do not specify significant objective evidence of consistently abnormal neurological findings. The patient did not have evidence of severe or progressive neurologic deficits that are specified in the records provided. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. As per records provided patient has received an unspecified number of PT visits for this injury. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. A plan for an invasive procedure of the lumbar spine was not specified in the records provided. The MRI of the lumbar spine is not medically necessary for this patient.