

Case Number:	CM15-0220785		
Date Assigned:	11/13/2015	Date of Injury:	10/11/2001
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 50 year old male, who sustained an industrial injury on 10-11-2001. He reported back, shoulder, bilateral knees and upper extremity pain. According to physician documentation, the injured worker was diagnosed with status post left knee arthroscopy, left lumbar radiculopathy, cervical myofascial pain, rule out right shoulder impingement and rotator cuff pathology. Subjective findings dated 5-25-2015, 6-25-2015 and 8-3-2015, were notable for chronic and severe low back, neck and bilateral knee pain with left upper and lower extremity numbness, describing his pain as being constant, burning, and sharp, that is aggravated with activity and cold weather and is alleviated with rest and medication. Physician note date 8-28-2015 states, the injured worker described his pain as 6 out of 10 for left knee pain, 5 out of 10 right knee pain, 7 out of 10 low back pain, 6 out of 10 cervical pain and 7 out of 10 for right shoulder pain, with findings of tenderness over left knee, limited cervical range of motion secondary to pain, and tenderness of the right shoulder with 120 degree flexion and 110 degree abduction. Objective findings dated 6-25-2015, were notable for diffuse paravertebral tenderness and bilateral trapezius and levator scapula tenderness. An MRI of the lumbar spine was performed on 6-16-2008, revealing a 3-4 mm central and right posterior paracentral L5 (lumbar)-S1 (sacral) disc protrusion near the right S1 nerve root in the lateral recess, dehydrated desiccated L4-L5 disc and lumbar muscular spasm. MRI of the right shoulder was performed on 1-15-2011, revealing mild degenerative changes at L5-S1 with an approximate 2mm disk bulge at L5-S1 whereas the bulge was 3-4mm in comparison to the 2008 MRI. Treatments to date have included MS Contin 30mg, Norco 10-325mg, Ativan 0.5mg, Cymbalta CPEP, Voltaren gel, chiropractic, physical, and acupuncture therapies(with minimal benefit), narcotic pain

medication and TENS (transcutaneous electrical nerve stimulation) unit (with benefit), epidural injections (very little pain relief), bilateral knee and right surgery. The Utilization Review determination dated 10-20-2015 did not certify prospective treatment/service requested for an MRI of the lumbar spine and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator 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 & Thoracic (Acute & Chronic) MRI.

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

Decision rationale: Per the ACOEM, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, there are no red flags on physical exam and prior MRI has been obtained. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. The medical necessity of a lumbar MRI is not substantiated in the records.

1 MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Magnetic resonance imaging (MRI).

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

Decision rationale: The request in this injured worker with chronic pain is for a MRI of the shoulder. The records document a physical exam with reduction in range of motion but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects such as a rotator cuff tear and may be utilized in preparation for an invasive procedure. Prior MRI has been obtained and in the absence of physical exam evidence of red flags, a MRI of the right shoulder is not medically indicated. The medical necessity of a shoulder MRI is not substantiated in the records.