

Case Number:	CM15-0223654		
Date Assigned:	11/19/2015	Date of Injury:	04/10/2015
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/13/2015

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 54 year old female, who sustained an industrial injury on 04-10-2015. A review of the medical records indicates that the worker is undergoing treatment for radiculopathy of the cervicothoracic and lumbosacral region, contracture of muscle, sprain of ligaments of the cervical, thoracic and lumbar spine, strain of muscles and tendons in the bilateral shoulders and bilateral hip pain. MRI of the lumbar spine dated 07-29-2015 showed spondylotic changes and 1-2 mm broad-based posterior disc protrusion at L4-L5 and L5-S1 without evidence of canal stenosis or neural foraminal narrowing. Treatment has included oral and topical pain medications, bracing, injections and physiotherapy which were noted to provide minimal improvement of symptoms. Subjective complaints (09-23-2015 and 10-21-2015) included pain in multiple body parts including the lumbar spine. Lumbar spine pain was rated as 8-10 out of 10 without medications and 6-7 out of 10 with medications and was associated with radiating pain, tingling and numbness to the bilateral lower extremities and relieved with rest and medications. Objective findings (09-23-2015) revealed tenderness and myospasm palpable over bilateral paralumbar muscles, tenderness over the sciatic notches, positive bilateral straight leg raise causing low back pain radiating to poster thigh upon 45 degrees of right or left leg raising, positive bilateral Braggard's test and slightly decreased range of motion of the lumbar spine due to back pain. Neurological examination findings were within normal limits. Objective findings (10-21-2015) included decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles and muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. The plan of care included continued pain

medication, physiotherapy, trigger point injections, acupuncture, Toradol injection and MRI of the cervical, thoracic, lumbar spine and left shoulder. The reason for the request for repeat MRI of the lumbar spine was not indicated and there was no documentation of any red flags noted by the physician or any neurological deficits. A utilization review dated 11-04-2015 non-certified a request 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, Section(s): 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 (ODG) Low back chapter under MRIs (magnetic resonance imaging) (L-spine).

Decision rationale: The 54 year old patient complains of neck pain associated with headaches and radiating pain, numbness and tingling in bilateral upper extremities; low back pain associated with radiating pain, numbness and tingling in bilateral lower extremities; bilateral shoulder pain; bilateral hip pain; and loss of sleep; as per progress report dated 10/21/15. The request is for MRI OF THE LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 04/10/15. Diagnoses, as per progress report dated 10/21/15, included radiculopathy of cervicothoracic region, contracture of muscle, sprain of ligaments of the cervical spine, sprain of ligaments of the lumbar spine, sprain of ligaments of the thoracic spine, strain of muscles and tendons of rotator cuff of bilateral shoulders, hip pain, insomnia and sleep disorder. Medications include Naproxen, Omeprazole, Cyclobenzaprine, and topical compounded creams. Diagnoses, as per progress report dated 09/23/15, included cervical myositis, cervical myalgia, cervical radiculopathy, cervical spine sprain/strain, cephalgia, thoracic sprain/strain, lumbosacral sprain/strain, lumbosacral radiculopathy, shoulder rotator cuff syndrome, shoulder sprain/strain, hip trochanteric bursitis, hip sprain/strain, insomnia, anxiety and depression. The patient is off work, as per progress report dated 10/21/15. MTUS/ACOEM Guidelines, Low Back Complaints, Chapter 12, page 303 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." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, the patient is suffering from low back pain. Physical examination of the lumbar spine, as per progress report dated 10/21/15, revealed reduced and painful range of motion, tenderness to palpation in bilateral SI joints and paravertebral muscles, and muscle spasms. Physical examination, as per progress report dated 09/23/15, revealed positive straight leg raise and Braggard's test bilaterally. A request for lumbar MRI is noted in progress report dated 07/15/15. An MRI report, dated 07/29/15, revealed spondylotic changes and disc protrusions at L4-5 and L5-S1 with no evidence of canal stenosis and neural foraminal narrowing. The current request

for lumbar MRI is noted in progress report dated 10/21/15. The treater does not explain the purpose of a repeat study. The patient is not post-op, and there are no red flags, progressing neurologic deficits, or new injuries to warrant a repeat study. Hence, the request IS NOT medically necessary.