

<b>Case Number:</b>	CM15-0040065		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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 58 year old male, who sustained an industrial injury on June 4, 2009. He reported bilateral shoulder, left wrist and bilateral knee pain. The injured worker was diagnosed as having bilateral knee degenerative joint disease, left shoulder subacromial bursitis, left shoulder impingement, left shoulder full thickness rotator cuff tear, left shoulder posterior labral tear, left knee chondromalacia patella, left knee synovitis, left wrist arthritis, right knee chondromalacia patella, right shoulder subacromial bursitis and impingement, right shoulder subacromial bursitis and impingement, right shoulder SLAP lesion with paralabral cyst formation and partial tear with focal full thickness tear of the rotator cuff. Treatment to date has included radiographic imaging, diagnostic studies, steroid injections, physical therapy, acupuncture, pain medications and work restrictions. Currently, the injured worker complains of bilateral shoulder, left wrist and bilateral knee pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He has been treated conservatively without resolution of pain. He reported no benefit with steroid injections, physical therapy or acupuncture therapy. Evaluation on July 29, 2014, revealed continued pain. He was noted to not be interested in the recommended steroid injections of the shoulders secondary to no previous benefit from other injections. He was interested in surgical intervention of the shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Updated MRI of the lumbar spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

**Decision rationale:** This patient has a date of injury of 06/04/09 and presents with constant low back pain with numbness and tingling traveling down the right leg to the foot. The Request for Authorization is dated 12/9/14. The current request is for UPDATED MRI OF THE LUMBAR SPINE. ACOEM Guidelines, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging on patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study". For this patient's now chronic condition, ODG Guidelines provides a thorough discussion. ODG, under its low back chapter, recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if there is severe or progressive neurological deficit. MRI of the lumbar spine dated 10/20/11 revealed "DDD with facet arthropathy and retrolisthesis L2-3, L4-5 and L5-S1. Canal stenosis includes L4-5 mild canal stenosis. Neural foraminal narrowing includes L2-3 mild caudal right, L4-5 mild left neural foraminal narrowing". Physical examination on 12/4/14 revealed decrease range of motion on all planes, decreased sensation at right L4-S1 dermatomes, EHL is 4/5; there is positive lump test and SLR test bilaterally. The treating physician states that the patient has worsening symptoms and pain and the patient is considering surgery. The physician recommends an updated MRI to evaluate the patient's worsening condition. In this case, the patient reports increase in pain and per the progress report dated 12/4/14 the patient's symptoms are worsening. The patient has participated in conservative treatment thus far, and would like to consider surgical intervention. An updated MRI at this juncture for further investigation is supported by ODG guidelines. This request IS medically necessary.