

Case Number:	CM15-0068567		
Date Assigned:	04/20/2015	Date of Injury:	06/03/2013
Decision Date:	07/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: Preventive Medicine, Occupational 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 70 year old male who sustained an industrial injury on 06/03/2013. Current diagnoses include cervical disc protrusion, cervical stenosis, lumbar annular tear, lumbar disc protrusion, right shoulder bursitis, right shoulder tenosynovitis, bilateral shoulder osteoarthritis, subchondral cyst of humeral head left shoulder, left shoulder adhesive tenosynovitis, right carpal tunnel syndrome, left carpal tunnel syndrome, left knee injury, bilateral knee tri-compartment knee arthritis, and bilateral knee derangement of meniscus. Previous treatments included medication management. Previous diagnostic studies included x-rays, MRI's, and EMG/NCV study. Report dated 02/27/2015 noted that the injured worker presented with complaints that included cervical spine pain, lumbar spine pain, right shoulder pain, left shoulder pain, right wrist pain, left wrist pain, right knee pain, and left knee pain. Pain level was rated as 6 out of 10 in the neck, 7 out of 10 in the lumbar spine, 6 out of 10 in the right shoulder, 8 out of 10 in the left shoulder, 3-4 out of 10 in the right wrist, 7 out of 10 in the left wrist, 7 out of 10 in the right knee, and 8 out of 10 in the left knee on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included request for MRI of the cervical spine, lumbar spine, bilateral shoulders, and bilateral knees, pending final functional capacity evaluation, pain management for cervical spine and lumbar spine denied, requesting QME report from 02/13/2015, and requesting EMG/NCV study. Disputed treatments include MRI of the bilateral knees, lumbar spine without contrast, bilateral shoulders, and cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that an MRI of the knee is indicated if internal derangement is suspected. There is no documentation reflecting internal derangement in the medical record. No red-flag indications are present in the medical record. MRI of the bilateral knees is not medically necessary.

1 MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The MTUS states that 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false- positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. 1 MRI of the lumbar spine without contrast is not medically necessary.

1 MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the MTUS, the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. 1 MRI of the bilateral shoulders is not medically necessary.

1 MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. 1 MRI of the cervical spine without contrast is not medically necessary.