

<b>Case Number:</b>	CM15-0074349		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, Pain Management

### 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 51-year-old female who sustained an industrial injury on 05-01-2012. There was no mechanism of injury documented. The injured worker was diagnosed with musculoligamentous cervical spine sprain and strain, musculoligamentous lumbar spine sprain and strain, left shoulder biceps tendinitis and impingement syndrome, bilateral elbow lateral epicondylitis and tenosynovitis of the bilateral wrists. The injured worker has a history of right shoulder arthroscopy and right elbow arthroscopy (no dates or procedures documented). Treatment to date has included diagnostic testing, physical therapy, heat and cold modalities, steroid injections and over the counter medications. According to the primary treating physician's progress report on April 8, 2015, the injured worker continues to experience neck, bilateral upper extremity and low back pain. The injured worker rates her pain level at 8-9 out of 10 on the pain scale. The injured worker denies any neurological symptomatology. Normal gait and normal arm swing was noted. There was no further discussion regarding the lower back. The focus of the objective findings was related to the left shoulder, elbow and wrist. A left lateral epicondyle injection was provided. The injured worker is not interested in pursuing invasive treatment at this time. Current medication is Tylenol ES. Treatment plan consists of physical therapy for the cervical spine, bilateral tennis elbow straps, exercise and aerobic therapy and the current request for a lumbar spine magnetic resonance imaging (MRI).

### 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: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic-Magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI Topic.

**Decision rationale:** Regarding the request for lumbar MRI, ACOEM Practice Guidelines state 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, a progress note on 3/2015 indicate the patient has weakness in the right EHL muscle group, and reduced sensation of right calf down to the right foot correlating with subjective complaints of numbness and tingling. Furthermore, the provider is considering an epidural injection or spinal consultation based on the findings on the MRI. Therefore, the currently requested lumbar MRI is medically necessary.