

<b>Case Number:</b>	CM15-0084232		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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 64 year old male, who sustained an industrial/work injury on 3/27/09. She reported initial complaints of back pain. The injured worker was diagnosed as having tennis elbow, shoulder bursitis, and lumbar degenerative disc disease. Treatment to date has included medication, diagnostics, triple block, steroid injection to the right shoulder, prior laminectomy and shoulder surgeries, cubital release of right elbow, bilateral total knee replacements. Currently, the injured worker complains of worsening back pain with report of the triple block injection wearing off. Pain was rated 9/10 and at best 4/10 with medications. Medication was reducing pain by 50%. Per the primary physician's progress report (PR-2) on 3/23/15, examination revealed palpable spasm in the lumbar trunk. Right and leg straight leg raise caused right sided back pain that radiates in the right buttock and posterior thigh. There is 4/5 weakness in right thigh flexion, knee extension, and great toe extension as compared to the left. There is an absent Achilles reflex. Right shoulder exam reveals limited range of motion with positive impingement sign and mild crepitus on circumduction passively. Left shoulder exam has full range of motion with positive impingement sign and mild crepitus on circumduction passively. Neck range is limited in all planes. Both elbows reveal tenderness over the medial and lateral epicondyles with positive Cozen's maneuvers, positive Tinel's signs at the ulnar grooves bilaterally. Current plan of care included pain consult evaluation with updated MRI. The requested treatments include Magnetic resonance imaging (MRI) with and without contrast, lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) with and without contrast, lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case, the primary treating physician does document a neurological exam consistent with significant dysfunction that would indicate a red flag. The MRI of the lumbar spine is medically indicated.