

Case Number:	CM15-0089586		
Date Assigned:	05/13/2015	Date of Injury:	06/20/2014
Decision Date:	06/15/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 42 year old female sustained an industrial injury to the back and neck on 7/30/12. Previous treatment included acupuncture, physical therapy, chiropractic therapy, injections, shockwave, transcutaneous electrical nerve stimulator unit and medications. In an orthopedic initial consultation dated 2/18/15, the injured worker complained of entire body pain including neck, low back, bilateral shoulders, wrists, elbows, lower extremities, knees and ankles. The injured worker reported that the pain started in her neck and eventually took over her entire body. In an orthopedic reevaluation dated 4/1/15, the injured worker returned following electromyography to bilateral upper extremities with negative results. Low extremity nerve study showed a possible evidence of peripheral polyneuropathy. There was a possible right S1 root impingement but peripheral polyneuropathy can confound this interpretation. A 4/1/15 physical exam reveals positive straight leg raise, symmetric reflexes, tenderness over the spine and paraspinals with painful range of motion. There is no motor exam noted. The physician noted that previous magnetic resonance imaging included left ankle that showed some tendinitis, left shoulder that showed rotator cuff tendinitis and cervical spine that showed a small disc bulge at C5-6. Magnetic resonance imaging of bilateral elbows, right wrist and bilateral knees were negative. Current diagnoses included lumbar spine radiculopathy, left shoulder impingement syndrome and chronic pain throughout the body with likely diagnosis of fibromyalgia. The treatment plan included a rheumatology evaluation, a functional capacity evaluation, a pain management referral, magnetic resonance imaging lumbar spine and a prescription for Naproxen Sodium. A

12/5/14 podiatric consultation indicated that the patient went to see a private physician where x-rays of the right hand and CT and MRI of the low back were obtained.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 -MRIs (magnetic resonance imaging).

Decision rationale: MRI of the lumbar spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The 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. The ODG recommends a lumbar MRI when there is a suspected red flag condition such as cancer or infection or when there is a progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The documentation submitted does not reveal progressive neurologic deficits, or a red flag diagnoses. The documentation dated 12/5/14 indicate that the patient had a prior lumbar MRI but there are no objective reports available for review. Furthermore, in the setting of peripheral polyneuropathy on electrodiagnostic testing the finding of a possible S1 radiculitis cannot be definitively diagnosed. There is no documentation how an MRI would alter this treatment plan. The request for MRI of the lumbar spine is not medically necessary.