

Case Number:	CM14-0148640		
Date Assigned:	09/18/2014	Date of Injury:	08/15/2007
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old male who reported an injury on 08/15/2007. The injured worker's job duties entailed working in a warehouse, lifting totes, placing totes on a conveyor, cleaning and removing debris from totes. Physical activities require walking, standing, bending, twisting, stooping, squatting, kneeling, reaching, grasping, hand work, and gripping. The injured worker developed worsening pain to his neck, back, and upper extremities. The injured worker's treatment history included medications, wrist braces, physical therapy, surgery, MRI studies, x-rays, and acupuncture sessions. Within the documentation submitted, it was documented the injured worker had received an MRI study on his neck, back, and left shoulder on 02/02/2009, as well as an MRI study done of the low back on 04/21/2009. There were X-rays done on 04/05/2013 of his back, neck, and upper extremities. The injured worker was evaluated on 08/11/2014. It was documented the injured worker complained of ongoing pain to his neck, mid and low back. He was miserable with pain and had difficulty going on as he was pending a cervical spine surgery. He also had increased pain with his low back and lower extremity numbness and tingling, even when lying down, even doing restful types of activities. He complained of headaches, which was rated at 8/10 to 10/10 on the pain scale. He noted aching, burning, and stabbing pain in the upper extremities, which was rated at 9/10 to 10/10 on the pain scale. He had 8/10 pain in his elbows and shoulders, which were described as aching, burning, and stabbing with numbness and pins and needles sensation as well. Physical examination revealed the cervical spine had mild torticollis bilaterally. Head compression sign was markedly positive. Spurling's maneuver was positive bilaterally. The injured worker had exquisite tenderness and muscle spasm, both at rest and on range of motion bilaterally. The injured worker had pain on scapular retraction. The bilateral levator scapula had swelling/inflammation. Range of motion, forward flexion was 25 degrees, extension was 15 degrees, rotation to the left

and right was 30 degrees. Tilt to the right and left was 20 to 25 degrees with a significant increase in pain. The injured worker had diminished biceps reflexes. The triceps reflex was diminished. There was decreased sensation at the C5-6 distribution. Spine examination revealed there was midline tenderness in the paralumbar musculature. There was decreased S1 sensation bilaterally. There was weakness on quadriceps muscles. Range of motion: flexion was 20 degrees, extension was 10 degrees. Bilateral bending to the left and right was 15 degrees. There was weakness against extension. Straight leg raise test was positive bilaterally, left greater than right. Diagnosis included disc herniation, cervical herniated nucleus pulposus with radiculopathy at C5-6 and C6-7 level, bilateral shoulder impingement, bilateral upper extremity overuse tendinopathy, L4-5 and L5-S1 disc herniation with lumbar radiculopathy and thoracalgia. The provider noted the injured worker's low back was getting worse. Therefore, he was recommended an MRI scan for the lumbar spine to rule out any further radiculopathy, per the injured worker had increased numbness and tingling with lying prone on the bed after 25 minutes or even sitting in the car driving, and the same happens to his legs. Therefore, the provider would like an updated MRI scan of the lumbar spine. The Request for Authorization dated 08/11/2014 was for an MRI for the cervical spine, MRI of the lumbar spine, and MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

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

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

Decision rationale: The request for Magnetic Resonance Imaging of Cervical Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The provider indicated the injured had physical therapy however, there were no outcome measurements. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is not medically necessary. The documents indicated the injured worker had an MRI study of the neck, back, and left shoulder on 02/02/2009. However, findings were not submitted for this review. As such, the request for MRI cervical spine is not medically necessary.

MRI of the 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): 303-305.

Decision rationale: The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is also no indication of red flag diagnoses or the intent to undergo surgery. The documents submitted indicated the injured worker had an MRI of the lumbar spine on 02/02/2009 and 04/21/2009. However, the findings were not submitted for this review. It was also indicated the injured worker is supposed to undergo surgery. However, a date for the surgery was not submitted for this review. As such, the request for MRI of the lumbar spine is not medically necessary.

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Magnetic Resonance Imaging of left shoulder is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Imaging studies may be considered for a patient, whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. The documents submitted for review indicated the injured worker had an MRI of the left shoulder on 02/02/2009. However, the findings were not submitted for this review. The request for MRI of the left shoulder is not medically necessary.