

Case Number:	CM14-0170889		
Date Assigned:	10/23/2014	Date of Injury:	10/02/2008
Decision Date:	11/25/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Practice and is licensed to practice in Ohio. 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 54-year-old female with a date of injury of October 2, 2008. She has had ongoing right shoulder pain with radiation into the right upper extremity and tingling into the right-hand. She also complains of low back pain radiating into the right lower extremity. On September 29, 2010 she had a right shoulder arthroscopy, subacromial decompression and distal clavicle resection. Her shoulder pain continued however and on July 17, 2014 she underwent a Mumford procedure to the same shoulder. Her physical examination has revealed tenderness to palpation of the right shoulder with diminished range of motion. The motor and sensory exams of the upper extremities have been noted to be normal. An examination of the lumbar spine revealed diffuse spinal tenderness with minimal spasm, diminish lumbar range of motion, 5/5 strength in the lower extremities, intact sensation of the lower extremities, and symmetric reflexes in the lower extremities. Straight leg raise testing and Lasegue's sign were negative. On January 24, 2014 she had upper extremity electrodiagnostic studies done which revealed the right-sided C6-C7 radiculopathy. An MRI scan of the lumbar spine on June 3, 2010 revealed degenerative disc disease at L4-L5 and L5-S1 with mild bulging of the discs but no stenosis or compromise of exiting nerve roots. On September 13, 2012 back pain was again noted with radiation into the right lower extremity which was said to be new at that point. The diagnoses include lumbar degenerative disc disease, chronic impingement syndrome of the right shoulder, acromioclavicular arthritis to the right shoulder, and right hand numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition. Hardcover - Dec 15, 2000, pages 382-383

Decision rationale: According to the American Medical Association Guides to the Evaluation of Permanent Impairment, Fifth Edition. Hardcover - Dec 15, 2000, pages 382-383, radiculopathy is defined as a "significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots". The most important clinical components required to support the diagnosis of a compressive Radiculopathy include:- Pain, numbness, and/or paresthesias in a dermatomal distribution- An imaging study documenting correlating concordant nerve root pathology- Associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatome(s). Per the Official Disability Guidelines, MRI scanning of the lumbar spine is indicated for: Indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient In this instance, the physical exam from August 27, 2014 reveals an absolutely normal lower extremity neurologic exam. This is the same date as the request for a lumbar MRI scan. Therefore, the injured worker has no objective signs of nerve root impingement and does not complain of a pain distribution in a dermatomal location and hence her symptoms do not meet the classic definition of radiculopathy. Therefore, a repeat lumbar MRI scan is not medically necessary per the referenced guidelines.