

<b>Case Number:</b>	CM14-0091016		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and 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 31-year-old female who reported an injury on 07/21/2007. The mechanism of injury was not submitted in the documentation. The injured worker has diagnoses of cervical discopathy with radiculitis, right shoulder impingement syndrome confirmed clinically and on MRI, positive L5 and S1 discogram, and status post posterior lumbar interbody fusion at the L5-S1 level. The injured worker's past medical treatment consists of physical therapy, lumbar decompression procedure, intramuscular injections, and medication therapy. Medications consist of diclofenac sodium SR 1 tablet every 12 hours, omeprazole 1 tablet every 12 hours, Pantoprazole SR 20 mg 1 tablet every 12 hours, Zofran for upset stomach no more than twice a day, Norflex 1 tablet every 8 hours, cyclobenzaprine 1 tablet every 8 hours, Norco 2.5/325 mg 1 every 6 hours, Norco 10/325 mg 1 every 6 to 8 hours, tramadol ER 150 mg 1 tablet once a day, sumatriptan 25 mg, levofloxacin 750 mg, quazepam 15 mg 1 at bedtime, Terocin patches apply 1 patch in the morning and 1 at night, and Methoderm gel apply up to 4 times a day. An MRI obtained 08/16/2007 confirmed moderate impingement at the time, but due to low back symptoms being overwhelming, the injured worker's treatment had been forced on forced on resolving the lumbar spine abnormalities. An x-ray was also obtained of the lumbar spine that included lateral views in flexion and extension for instability and AP view of the pelvis that revealed excellent position of the implants without hardware failure at L5-S1. The injured worker underwent posterior lumbar interbody fusion at L5-S1. The injured worker complained of consistent right shoulder pain. The injured worker stated that it was aggravated by lifting, pushing, pulling forward, reaching, and working at or above the shoulder level. The injured worker had persistent pain of the neck and low back that was largely unchanged. There were no measurable levels of pain documented in the submitted report. Physical examination dated 02/04/2014 revealed the injured worker's right shoulder remained unchanged. There was

tenderness around the anterior glenohumeral region and subacromial space with a positive Hawkins and impingement sign. Range of motion was restricted by approximately 20% of normal when compared to the left shoulder. There were no signs of instability. Apprehension test was negative. Examination of the lumbar spine revealed a well healed midline scar. There was tenderness at the lumbar paravertebral muscles. There was pain with terminal motion and residual right foot hypersensitivity. The treatment plan is for the injured worker to undergo an MRI of the lumbar spine. The rationale and request for authorization form were not submitted for review.

### **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 Page(s): 53,303.

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

**Decision rationale:** The request for MRI Lumbar Spine is not medically necessary. The California MTUS/ACOEM Guidelines recommend the use of MRI when there is 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 who 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Given the above, the injured worker is not within ACOEM Guidelines. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. The only findings noted on 02/04/2014 were that the injured worker had slight tenderness at the lumbar paravertebral muscles with some pain with terminal motion. The reports lacked any evidence of deep tendon reflexes loss, other motor loss, or sensory loss to support the need for an MRI. Therefore, further evidence of nerve dysfunction should be obtained. As such, the request for an MRI of the lumbar spine is not medically necessary.