

<b>Case Number:</b>	CM14-0214683		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/31/2005
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of October 31, 2005. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for lumbar MRI imaging, left shoulder MRI imaging, cervical MRI imaging, and right shoulder MRI imaging. The claims administrator referenced a November 4, 2014 progress note in its determination. The claims administrator suggested that the applicant had had previous MRI studies, the results of which were unknown. In an October 15, 2014 progress note, the applicant reported persistent complaints of back pain, leg pain, and arm pain. The applicant was using Norco, Soma, Duragesic, Mobic, Voltaren gel, and Lidoderm patches. Severe complaints of low back pain radiating to the left leg were noted. The applicant was on Lyrica, Lidoderm, Norco, Soma, Duragesic, and Mobic; it was stated in another section of the note. The applicant's past medical history is notable for depression and hypertension. The applicant was status post cholecystectomy, appendectomy, three C-sections, hernia repair, and a carpal tunnel release surgery. The applicant exhibited weakness and hyposensorium about the left leg. Multiple medications were renewed. MRI imaging of the lumbar spine was endorsed on the grounds that the applicant had worsening low back pain radiating to the left leg with associated left lower extremity weakness. In a pain management consultation dated October 14, 2014, the applicant reported persistent complaints of low back pain and neck pain status post multiple epidural steroid injections. The applicant also had issues with depression, anxiety, and obesity. The applicant was asked to continue various opioids agents. The attending provider

stated that he was considering repeat epidural steroid injection therapy and that he was unable to decide whether to pursue repeat epidural steroid injection therapy without obtaining either the results of earlier cervical lumbar MRI imaging versus new lumbar and/or cervical MRI imaging.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI scan of the lumbosacral spine: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition

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

**Decision rationale:** As noted in the MTUS Guidelines in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, October 15, 2014 progress note suggested that the applicant had worsening complaints of low back pain radiating to the leg with associated weakness appreciated about the leg. The treating provider expressed concern about the applicant's new onset leg weakness and felt that urgent MRI imaging was needed to evaluate the same. It did appear, thus, that the applicant was intent on acting on the results of the proposed lumbar MRI imaging. Imaging studies for the same were warranted, given the reportedly new onset leg weakness appreciated on December 15, 2014. Therefore, the request is medically necessary.

#### **MRI of the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6 and page 214.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MR imaging or arthrography of the shoulder for evaluation purposes, without surgical indications is deemed, not recommended. Here, there was neither an explicit statement (nor an implicit expectation) whether the applicant would act on the results of the proposed shoulder MRI and consider surgical intervention based on the outcome of the same. The progress note of October 14, 2014 and October 15, 2014, suggested that the applicant's pain complaints pertaining to the shoulder were myofascial and/or muscular in nature. The multifocal nature of the applicant's complaints, furthermore, significantly reduced the likelihood of the applicant's acting on the results of the proposed right shoulder MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

**MRI scan of the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6 and page 214.

**Decision rationale:** The request for MRI imaging of the left shoulder was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography of the shoulder without surgical indications is deemed, not recommended. Here, the October 14, 2014 and October 15, 2014 progress notes of the primary and secondary treating provider, respectively, made no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the shoulder based on the outcome of the proposed shoulder MRI. Those progress notes, furthermore, suggested that the applicant's pain complaints were myofascial and muscular in nature. The fact that MRI studies were sought on multiple body parts, furthermore, reduced the likelihood of the applicant's acting on the results of any one particular study and/or consider surgical intervention based on the outcome on the same. Therefore, the request is not medically necessary.

**MRI scan of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** The proposed cervical MRI was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 182 does recommended MRI or CT imaging of the cervical spine to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the applicant's cervical spine presentation was not clearly suggestive of nerve root compromise associated with the same. Rather, it appeared that the applicant's primary pain generator was the lumbar spine. This does not appear to be an appropriate indication for de novo cervical MRI imaging. Therefore, the request is not medically necessary.