

<b>Case Number:</b>	CM14-0215536		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	10/03/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 low back pain reportedly associated with an industrial injury of October 3, 2014. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve a request for MRI imaging of the lumbar spine, MRI imaging of the cervical spine, MRI imaging of the right shoulder, and MRI imaging of the right knee. The claims administrator stated that its decision was based on an RFA form of November 18, 2014 and an associated DFR of November 8, 2014. The claims administrator acknowledged that the applicant was off of work, on total temporary disability. The applicant's attorney subsequently appealed. The articles in question were endorsed via an RFA form of November 18, 2014, in which the attending provider sought authorization for chiropractic manipulative therapy, a knee MRI, a shoulder MRI, neck MRI, a lumbar spine MRI, along with an electric heating pad. In an associated handwritten Doctors First Report dated November 8, 2014, the applicant was placed off of work, on total temporary disability. The note was extremely difficult to follow. Multifocal pain complaints were appreciated. The applicant had been off of work since the injury. The applicant was transferring care from another provider. The applicant was given prescriptions for Elavil, Mobic, and Zanaflex. The applicant was given diagnoses of cervical strain, lumbar strain, shoulder impingement syndrome, and knee internal derangement and/or thumb injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

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

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

**Decision rationale:** As noted in the MTUS Guideline 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, the handwritten note dated November 8, 2014 made no mention of surgery being actively considered and/or red flag diagnoses being evaluated. The note was, in large part, handwritten, sparse, and difficult to follow. Therefore, the request was not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is recommended to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure based on the outcome of the proposed MRI. The attending provider's handwritten DFR likewise failed to contain any discussion of issues with nerve root compromise which would have augmented the request at hand. Therefore, the request was not medically necessary.

**MRI of the shoulder:** Upheld

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

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of shoulder MRI or arthrography without surgical indications is deemed not recommended. Here, there was no mention of the applicants actively considering or contemplating any kind of surgical intervention involving the shoulder based on the outcome of

the study in question. The fact that four different MRI studies were sought significantly reduced the likelihood of the applicant's acting on the results of any one study and/or considers surgical intervention based on the outcome of the same. The attending provider's handwritten progress notes contained little to no applicant-specific rationale so as to augment the request at hand. Therefore, the request was not medically necessary.

**MRI of the right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335 Table 13-2.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, ACOEM qualifies this recommendation by noting that such imaging is indicated only if surgery is being considered or contemplated. Here, as with the preceding request, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of any one MRI study, including the proposed knee MRI, and/or consider surgical intervention based on the outcome of the same. The fact that multiple different MRI studies were concurrently sought significantly diminished the likelihood of the applicant's acting on the results of any one study. Therefore, the request was not medically necessary.