

Case Number:	CM14-0217599		
Date Assigned:	01/07/2015	Date of Injury:	05/19/2012
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male patient, who sustained an industrial injury on 05/19/2012. An operative report dated 10/13/2014 described the patient having undergone left knee arthroscopy repairing a tear of the posterior horn of the medial; meniscus. A primary treating office visit dated 12/04/2014 reported the patient having completed a course of physical therapy, status post procedure on 10/13/2014 with reports of some improvement of left knee pain, but still continued with low back pain and residual bilateral shoulder pain. He also reported chest pain with deep inspiration along with issue involving anxiety, depression and insomnia. Current prescribed medications are; Norco 7.5, Elavil and Ducoprene. Physical examination found the patient's gait antalgic, using a cane to walk. He is noted with spasm and tenderness to palpation of the lumbar spine with decreased range of motion; a healing incision of the left knee noted. the impression was status post left knee arthroscopy, exacerbated lumbar pain with radiculopathy, bilateral shoulder surgeries with impingement/tendinosis, history of bilateral wrist teninosis, intercostal neuralgia, chronic headaches, history of radial fracture, cervical myofascial pain, history of tinnitus and depression/anxiety. There is also note that he has been authorized for orhtopedic evaluation of bilateral shoulder complaint; in addition to post-operative follow up. On 12/15/2014 Utilization Review non-certified a request for magnetic resonance imaging of lumbar spine without contrast, noting the ACOEM, Chapter 12 Back, special Study/Diagnostic treatment and Official Disability guidelines low back imaging were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast (lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp., online edition, Chapter: Low Back, MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: This patient presents with lower back pain, bilateral shoulder pain, left knee pain. The treater has asked for MRI WITHOUT CONTRAST LUMBAR SPINE on 8/14/14 due to symptoms of radiculopathy." Review of the reports do not show any evidence of lumbar MRIs being done in the past. The 8/14/14 report shows a physical exam with positive straight leg raise and decreased sensation in multiple dermatomes of lower extremities. Review of the reports does not show any evidence of lumbar MRIs being done in the past. ACOEM guidelines state: 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. For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or cauda equina. In this case, the patient has back pain radiating to the bilateral lower extremities, and a physical exam that corroborates radiating symptoms a positive straight leg raise and decreased sensation in the lower extremities. The patient has not responded to conservative treatment. The request for a lumbar MRI to assess patient's persistent radicular symptoms pain appears reasonable. The request IS medically necessary.