

Case Number:	CM15-0108150		
Date Assigned:	06/12/2015	Date of Injury:	09/06/2011
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male sustained an industrial injury to the right shoulder on 9/6/11. The injured worker later developed compensatory left shoulder and low back pain. Previous treatment included bilateral shoulder arthroscopies, physical therapy, chiropractic therapy and medications. Magnetic resonance imaging lumbar spine (10/5/13) showed multilevel disc bulge. X-rays lumbar spine (7/25/12) showed lumbar spine spondylosis. In a PR-2 dated 5/5/15, the injured worker complained of headaches, dizziness, upper back pain with radiation to the right shoulder, low back pain with radiation to bilateral legs and bilateral shoulder pain. The injured worker rated his pain 5-8/10 on the visual analog scale. Physical exam was remarkable for unrestricted range of motion throughout. Current diagnoses included dizziness, headache, cervical spine sprain/strain, lumbar disc protrusion, right rotator cuff sprain/strain and left shoulder sprain/strain. The treatment plan included medications (Cyclobenzaprine, Gabapentin, Naproxen Sodium, Omeprazole, Tramadol, Gabapentin 15 percent Amitriptyline 4 percent Dextromethorphan 10 percent 180gm and Cyclobenzaprine 2 percent Flubiprofen 25 percent 180gm), shockwave for the lumbar spine and magnetic resonance imaging of the lumbar spine, cervical spine and bilateral shoulders.

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.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for bilateral shoulder, cervical, and low back pain and headaches. When seen, he was having back pain with lower extremity radiating symptoms. There was normal lumbar spine range of motion. Other than for a BMI of over 27 an elevated blood pressure a normal examination is documented. An MRI of the lumbar spine and October 13 had showed findings of multilevel disc bulging. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there are no physical examination findings that support the need for a repeat lumbar spine MRI. The request was not medically necessary.