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| Case Number: | CM15-0011541 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 06/13/2014 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 01/21/2015 |

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: 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 55 year old male, who sustained a work/ industrial injury at a bakery when he slipped and fell on a wet floor, landing on his right side on 6/13/14. He has reported symptoms of shoulder and low back pain that was described as constant, sharp, throbbing pain with numbness and tingling in the upper and lower extremities. Prior medical history includes hypertension and asthma. Surgeries include left forearm and facial surgery. The diagnoses have included cervical and lumbar radiculopathy. Per the treating physician's report of 12/11/14, exam demonstrated mild antalgic gait, decreased range of motion of the cervical spine especially with extension, left and right rotation; decreased range of motion of the right shoulder with flexion at 130 degrees, extension was 40 degrees, abduction at 130 degrees, adduction at 40 degrees, internal rotation just past the hip, external rotation 70 degrees. Motor exam there was give-way weakness of the right upper extremity at 4/5. Musculoskeletal exam noted full range of motion to shoulders, Hawkins was positive of the right shoulder. Crossover test was positive. There was tenderness over the acromioclavicular joint. There was parascapular and right paravertebral muscle tenderness. Straight leg raise to 70 degrees was positive on the right side. Lessegue's sign was positive. Treatment to date has included diagnostics, medication (Tylenol and Advil), physical therapy, and chiropractic manipulation. A request for a Magnetic Resonance Imaging (MRI) without contrast to the lumbar region was ordered. On 1/19/15, Utilization Review non-certified a MRI without contrast to the lumbar spine as an outpatient (between 1/14/15 and 2/28/15), noting the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the lumbar region: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Online, Cervical and Thoracic Spine Section, Table 2 - Summary of Recommendations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: Based on the 12/11/14 progress report provided by treating physician, the patient presents with low back pain rated 6-8/10 with numbness and tingling in the lower extremities. The request is for MRI WITHOUT CONTRAST FOR THE LUMBAR REGION. Patient's medications included Tramadol and Advil. Patient reports short lasting relief with chiropractic. The patient is working modified duty. ACOEM Guidelines, chapter 8, page 177 and 178, 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." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, 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)." Treater has not provided reason for the request. UR letter dated 01/19/15 states "there is no evidence of any plain x-rays of the cervical or lumbar spine." Patient's diagnosis on 12/11/14 included lumbar radiculopathy. Physical examination on 12/11/14 revealed positive Straight leg raise and Lasegue's tests. The patient continues with low back pain with radicular symptoms, and there is no indication of prior MRI of the lumbar spine. The request is reasonable and in accordance with guideline indications. Therefore, the request IS medically necessary.