

Case Number:	CM15-0112573		
Date Assigned:	06/24/2015	Date of Injury:	10/01/2010
Decision Date:	07/29/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 33 year old male patient who sustained an industrial injury on 10/01/2010. The diagnoses include cervical intervertebral disc displacement without myelopathy, left C5 radiculopathy, right shoulder impingement, lumbar intervertebral disc displacement without myelopathy and right L5 radiculopathy. Per the doctor's note dated 6/16/2015, he had complaints of neck pain radiating to the right upper extremity, right shoulder pain and low back pain radiating to the right lower extremity with cramping in the right calf and numbness in the right foot. According to the primary treating physician's progress report on May 12, 2015, he had complaints of neck pain radiating to the right upper extremity rate at 4-5/10 on the pain scale, right shoulder pain as 6/10 and low back pain radiating to the right lower extremity with cramping in the right calf and numbness in the right foot. He rates his lower back pain level at 6/10. Examination of the cervical spine revealed decreased range of motion in all planes with loss of sensation in the C5-C6 nerve distribution on the right, 5/5 Motor strength of the upper muscle groups except for the right forearm and wrist extension at 4+/5, positive Jackson's maximal foraminal compression and cervical compression testing on the right, negative Hoffman's bilaterally, in the Romberg's position- grossly unstable, decreased C5, C6, C7 deep tendon reflexes to 1+/2+ bilaterally. The right shoulder examination revealed decreased range of motion with tenderness to palpation of the subscapular and posterolateral region, positive Hawkins, Neer's and Impingement I and II. The lumbar spine examination revealed moderate to severe lumbar paraspinal and gluteal spasm, mostly on the right side with positive straight leg raise at 25 degrees in a seated position, positive Braggard's on the right, tenderness with

palpation of the iliac crests and sacroiliac joints. Current medication is listed as Advil. He has had a lumbar MRI on 1/10/2012, which revealed annular tear at L5-S1 and disc protrusion at L3-4, L4-5 and L5-S1 with bilateral neuralforaminal narrowing; cervical MRI on 5/28/15; right shoulder MRI on 6/3/2015. There was no documentation of surgery performed. Treatment to date has included diagnostic testing and medications. Treatment plan consists of updated magnetic resonance imaging (MRI) of the cervical spine and right shoulder and Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the right upper and lower extremities and acupuncture therapy twice a week for 4 weeks and the current request for a lumbar magnetic resonance imaging (MRI).

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 Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 07/17/15)MRIs (magnetic resonance imaging).

Decision rationale: Per the ACOEM low back guidelines cited below "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. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. In addition, per the records provided patient has already had lumbar MRI on 1/10/2012, which revealed annular tear at L5-S1 and disc protrusion at L3-4, L4-5 and L5-S1 with bilateral neuralforaminal narrowing. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." A significant change in the patient's condition since the last MRI that would require a repeat lumbar MRI is not specified in the records provided. Failure to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. A recent lumbar spine X-ray is not specified in the records provided. MRI lumbar spine is not medically necessary for this patient at this juncture.