

<b>Case Number:</b>	CM15-0129004		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker was a 63 year old male, who sustained an industrial injury, June 1, 2009. The injured worker previously received the following treatments Cymbalta, LidoPro, Ibuprofen, discontinued Tylenol, Ibuprofen, Gabapentin, Ultracet and Menthoderm Gel and cervical spine MRI. The injured worker was diagnosed with arthropathy of the shoulder, rotator cuff syndrome of the shoulder, cervicgia, brachial neuritis or radiculitis. According to progress note of May 26, 2015, the injured worker's chief complaint was low back pain and right shoulder pain. The injured worker rated the worse pain at 8 out of 10. The pain was characterized as aching and sharp. The pain radiates to the neck, right arm, right thigh and right leg. The injured stated the medications were helping with the pain. The injured worker was having poor quality of sleep. The physical exam noted decreased range of motion of the cervical spine in all planes. The right shoulder movement was restricted with flexion and abduction, due to pain. The Neer's test was positive. There was tenderness with palpation in the acromioclavicular joint, biceps groove, coracoid process, glenohumeral joint and greater tubercle of the humerus. The motor exam of the cervical spine was limited by pain. The power of the right shoulder external rotation was 4 out of 5 on the right and 5 out of 5 on the left. The internal rotation was 4 out of 5 on the right and 5 out of 5 on the left. The sensory exam to light touch was decreased over the C6 and C7 dermatomes on the right side. The treatment plan included lumbar spine MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Special Studies and Diagnostic and Treatment Considerations Page(s): 303.

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: “Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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).” Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of new lumbar nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the lumbar spine is not medically necessary.