

<b>Case Number:</b>	CM15-0175354		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 58 year old male, who sustained an industrial injury on 08-04-2008. He has reported subsequent knee and bilateral shoulder pain and was diagnosed with chronic pain syndrome, tendinitis of the right shoulder, right lateral epicondylitis, fusion of cervical spine, right knee joint pain and bilateral shoulder joint pain. MRI of the lumbar spine dated 01-05-2015 showed L4-L5 severe degenerative disc disease, severe right foraminal stenosis, mild spinal canal stenosis and moderate degenerative disc disease from T12-L1 and L3-L4. MRI of the right shoulder on 07-02-2015 showed possible residual or recurrent tendinitis of the repaired supraspinatus tendon, tendinitis of the biceps tendon, mild joint effusion and post-surgical changes of the right acromioclavicular joint with a capsulitis or synovitis. Treatment to date has included oral pain medication, steroid injections of the right knee and elbow and multiple cervical surgeries. In a progress note dated 08-20-2015, the injured worker reported right shoulder pain radiating to the thoracic spine and neck pain at level of 6 out of 10. No objective findings of body systems were documented during this visit. The injured worker was noted to have permanent work restrictions. A request for authorization of MRI of the lumbar spine was submitted. At utilization review (08-27-2015), the request for MRI of the lumbar spine was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) MRIs (magnetic resonance imaging).

**Decision rationale:** The injured worker sustained a work related injury on 08-04-2008. The injured worker has been diagnosed of chronic pain syndrome, tendinitis of the right shoulder, right lateral epicondylitis, fusion of cervical spine, right knee joint pain and bilateral shoulder joint pain. MRI of the lumbar spine dated 01-05-2015 showed L4-L5 severe degenerative disc disease, severe right foraminal stenosis, mild spinal canal stenosis and moderate degenerative disc disease from T12-L1 and L3-L4. The medical records provided for review do not indicate a medical necessity for: MRI of the lumbar spine. The medical records indicate a Lumbar MRI of 01/2015 revealed multi-level disc diseases. The MTUS does not recommend imaging except in the presence unequivocal objective findings that identify specific nerve compromise on the neurological examination. Also, although the MTUS is silent on repeat MRI, the Official Disability Guidelines does not recommend repeat MRI except when there is significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, The records indicate the injured worker had Lumbar MRI in 01/2015, but there is no evidence the injured worker has developed progressive neurological disorder since then. Therefore, this request is not medically necessary.