

<b>Case Number:</b>	CM15-0060908		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/12/2005
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 62-year-old male, who sustained an industrial injury on April 12, 2005. The injured worker was diagnosed as having shoulder contusion, shoulder/arm sprain, shoulder impingement, wrist sprain, wrist contusion, lumbar sprain, lumbar neuritis or radiculitis, thoracic spondylosis without myelopathy, and loss of balance with fall. Treatment to date has included a left shoulder cortisone injection and medication. Currently, the injured worker complains of constant moderate left shoulder pain that radiates down to his left elbow, moderate left wrist and hand pain, and constant moderate to severe low back pain that radiates down his legs to the level of his knees, with numbness and tingling of his feet. The Primary Treating Physician's report dated January 23, 2015, noted the injured worker reported no relief from the left shoulder cortisone injection received on the last visit. Physical examination was noted to show the injured worker with an altered gait, with a guarded upright posture. Palpable muscle spasms of the paralumbar musculature were noted bilaterally. The Physician noted the treatment plan included requests for authorization for a MRI study of the left shoulder, a MRI study of the lumbar spine, and a short course of physical therapy. The Physician dispensed Ultram, Flexeril, and Nalfon.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** The patient was injured on 04/12/05 and presents with left shoulder pain which radiates down his left elbow, left wrist pain, left hand pain, and low back pain which radiates down his legs to the level of his knees. The request is for a MRI OF THE LUMBAR SPINE. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is on temporary total disability. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." He has stiffness/tightness in the lower back, weakness of the lower extremity, increasing pain with bending at the waist and prolonged sitting/standing/walking, and his low back pain radiates to the lower extremities to the knees, left greater than right, with numbness/tingling. The patient ambulates with an altered gait and shortened stride, has a guarded upright posture, has a limited lumbar spine range of motion, and has palpable spasms of the paralumbar musculature bilaterally. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain, the requested MRI of the lumbar spine IS medically necessary.