

Case Number:	CM15-0074500		
Date Assigned:	04/24/2015	Date of Injury:	01/08/2015
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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 50 year old male, who sustained an industrial injury on 1/8/2015. Diagnoses have included cervical spine strain, lumbar spine strain and left shoulder strain. Treatment to date was not listed. According to the progress report dated 3/18/2015, the injured worker complained of intermittent, moderate left shoulder pain with decreased range of motion. He complained of intermittent, moderate left hip pain with radiation to both thighs. He also complained of neck pain with radiation to both shoulders. Exam of the cervical spine and left shoulder revealed tenderness to palpation. Exam of the lumbosacral spine revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction and over the level of the L5-S1 facets and right greater sciatic notch. There were muscle spasms. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine without dye.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Lower back - Lumbar & Thoracic (Acute & Chronic) chapter, Magnetic resonance imaging (MRIs).

Decision rationale: The patient presents with pain in the neck that radiates to both shoulders, left shoulder pain, and intermittent left hip pain with radiation to both thighs. The request is for an MRI OF THE LUMBAR SPINE. The provided RFA is dated 03/23/15 and the date of injury is 01/08/15. The diagnoses include cervical spine strain, lumbar spine strain and left shoulder strain. Per 03/18/15 report, physical examination of the lumbar spine revealed increased tone and tenderness to palpation at the midline thoraco-lumbar junction and over the L5-S1 facets and right greater sciatic notch. Treatment to date has included chiropractic therapy and one physical therapy session. There are muscle spasms as well. The patient is working on modified duty. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter Lower back - Lumbar & Thoracic (Acute & Chronic) and topic Magnetic resonance imaging (MRIs) does not support MRIs unless there are neurologic signs/symptoms present. Repeat MRIs are indicated only if there has been progression of neurologic deficit. Per 03/18/15 report, treater states, "Request for MRI study of the lumbar spine to better assess the root of the patient's complaints." There is no indication the patient has had a prior MRI of the lumbar spine, but guidelines indicate an MRI only with "neurologic signs/symptoms present". While treater has documented tenderness over the lumbosacral region with spasm, there are no further findings provided. However, the patient does present with radicular symptoms with radiation down to both thighs. The patient potentially has a nerve root lesion or others. Given the failure to progress with conservative care, the requested MRI IS medically necessary.