

Case Number:	CM15-0092047		
Date Assigned:	05/18/2015	Date of Injury:	07/18/2011
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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: 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:

The injured worker is a 35-year-old female, who sustained an industrial injury on 7/18/2011. She reported a fall, landing on her left side, with injury to her left upper extremity, right shoulder, back, and left lower extremity. The injured worker was diagnosed as having injury other and unspecified. Treatment to date has included diagnostics, chiropractic, acupuncture, physical therapy, left shoulder surgery in 9/2012, left ankle surgery in 3/2013, and medications. Electro diagnostic studies of the upper and lower extremities (12/02/2011) were documented as normal. Electro diagnostic studies of the cervical spine and upper extremities (7/25/2013) were documented as normal. Magnetic resonance imaging of the lumbar spine (1/10/2014) showed straightening of the lumbar lordotic curvature, disc desiccation at L2-3 and L5-S1, broad based disc bulge L2-3, stenosis of the spinal canal, and bilateral neural foraminal narrowing, and a broad based posterior disc bulge at L5-S1, causing stenosis of the spinal canal and bilateral neural foraminal narrowing. X-rays of the lumbar spine (4/02/2015) noted limbus vertebral body at L3 vertebral body level. Currently (2/27/2015 per Permanent and Stationary Medical Legal Evaluation), the injured worker complains of neck pain with radiation to the upper extremities (rated 7-8/10), low back pain with radiation to the lower extremities (rated 7-8/10), left shoulder pain (rated 0-2/10), left elbow pain (rated 4-8/10), left wrist pain (rated 2-6/10), left ankle pain (rated 1/10), depression/anxiety, and sleeping problems. Exam of the cervical spine noted tenderness to palpation, positive bilateral shoulder depression test, and decreased range of motion. Exam of the lumbar spine noted tenderness to palpation, only slightly decreased range of motion, and positive straight leg raise test. Exam of the left shoulder noted a well-healed

incision, with decreased and painful range of motion. The left elbow and wrist showed palpable tenderness. Myotome evaluation revealed general muscle bulk and strength to be normal and symmetrical bilaterally and sensory was within normal limits. A recent progress report, detailing the requested magnetic resonance imaging of the lumbar spine, neurodiagnostic testing for the bilateral lower extremities, lumbar corset, and orthopedic consult, was not noted.

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): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute & Chronic) Chapter, Online Version.

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, Low Back Chapter.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation). The medical records note that the injured worker is status post lumbar magnetic resonance imaging in November 2011 and on January 12, 2014. The medical records do not establish significant change in symptoms and/or findings suggestive of significant pathology to support updated imaging. The medical records also do not establish focal neurologic deficits to support the request for lumbar imaging. The request for MRI- Lumbar Spine is not medically necessary and appropriate.

Neurodiagnostic Studies, Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303.

Decision rationale: According to ACOEM guidelines, 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. The medical records do not establish clinical findings on examination, which would cause concern for radiculopathy stemming from the lumbar spine or a peripheral neuropathy in the lower extremities. In addition,

the injured worker has undergone prior elector diagnostic studies, which were noted to be normal. The request for Neurodiagnostic Studies, Bilateral Lower Extremities is not medically necessary and appropriate.

DME: Lumbar Corset, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter (Online Version), Lumbar Supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: Per the CA MTUS ACOEM guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to ODG, lumbar supports are not recommended for prevention. The medical records do not establish evidence of compression fractures, spondylolisthesis or documented instability to support the request for a lumbar brace. The request for DME: Lumbar Corset, purchase is not medically necessary and appropriate.

Orthopedic Consultant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 305. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examination and Consultation Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints page(s): 80, 305.

Decision rationale: According to the MTUS ACOEM guidelines, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The MTUS ACOEM guidelines state that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The medical records do not establish evidence of red flags or neurologic deficits on clinical examination to support the request for orthopedic consultation. The request for Orthopedic Consultant is not medically necessary and appropriate.