

Case Number:	CM15-0097624		
Date Assigned:	05/28/2015	Date of Injury:	11/4/2014
Decision Date:	06/30/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey
 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 60 year old male who sustained an industrial injury on 11/11/2011. Treatment provided to date has included: physical therapy (numerous) and medications. Diagnostic tests performed include: x-rays of the cervical spine, right shoulder, right elbow, right hand and wrist, left hand and wrist, thoracic spine, and lumbosacral spine (03/30/2015). The x-rays of the lumbar spine showed no abnormal findings. Other noted dates of injury documented in the medical record include: 2000, 2005, 2012, and 2014. There were no reported comorbidities. On 03/30/2015, physician progress report noted complaints of low back pain. The lumbar pain/low back pain was described as intermittent and dull and located at the waistline with pain radiating to the knees with heavy work. Additional complaints include neck pain, upper back pain, right shoulder pain, right elbow pain, right arm pain, right hand/wrist pain, and leg pain. There was no numbness or tingling note, and no bowel or bladder problems. The pain was reported to be increased with prolonged standing, walking, or sitting, ascending or descending stairs, climbing, bending, twisting, stooping, squatting, kneeling, pushing pulling, lifting, and cold weather. The physical exam of the lumbar spine revealed no abnormal curvatures or visual deformity, painful and decreased range of motion in the lumbar spine, no tenderness to palpation in the lumbar spine or musculature, and negative provocative testing. The provider noted diagnoses of cervicothoracic spine strain, lumbar spine strain, right shoulder subacromial impingement syndrome, and right lateral epicondylitis. Plan of care includes a electrodiagnostic testing of the bilateral upper and lower extremities, MRIs of the cervical, thoracic and lumbar spines, MRIs of the right shoulder and right elbow, 12 sessions of physical

therapy, anti-inflammatory medications, elbow and wrist brace, and urine testing. The injured worker remains on temporary disability. Requested treatments include: MRI of the lumbar spine.

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 ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, MRI.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly) it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case and upon review of the recent documentation regarding the worker's low back pain, there was no report of subjective evidence of numbness, tingling, or weakness, no physical examination findings suggestive of spinal neuropathy or any red flag diagnoses which might have warranted a lumbar MRI. Without this supportive evidence for appropriateness, the request for lumbar MRI is not medically necessary.