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| Case Number: | CM15-0097682 | | |
| Date Assigned: | 05/28/2015 | Date of Injury: | 04/01/2004 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 04/24/2015 |
| 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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old male who sustained an industrial injury 4/1/04 involving neck, low back, left knee, right shoulder. He had a tibial and fibular fracture of the left leg. The mechanism of injury is unclear. He currently has relatively constant pain to the neck, right shoulder, low back and both knees. He has spasms in the right arm and frequent numbness and tingling in bilateral legs. On physical exam there was a positive anterior drawer along his knee; decreased range of motion of the neck and shoulder with tenderness of rotator cuff. He uses a cane occasionally for ambulation. He takes Tramadol ER, naproxen, Effexor, Flexeril, Protonix. Medications keep him functional and reduce pain by about 50%. He is not currently working. He can do activities of daily living such as light household chores with frequent breaks. He has sleep difficulties and is under psychological care for depression and anxiety. Diagnoses include discogenic lumbar condition with disc disease and extrusion; discogenic cervical condition with disc disease and herniation; chronic low back pain with left leg pain, right lower extremity weakness and bilateral knee pain causing antalgic gait; fibular fracture, status post open reduction internal fixation of the knees; lumbosacral and cervical strain; internal derangement of the left knee; trigger fracture along the left heel; depression; impingement syndrome of the right shoulder and rotator cuff tear; weight gain; depression. Treatments to date include psychological evaluation; knee brace; injection into left knee; trigger point injection into low back; psychological evaluation; medications. Diagnostics include MRI of the right shoulder showing partial rotator cuff tear; MRI (2008) showed anterior cruciate ligament laxity; MRI (2012) lumbar spine showed facet arthropathy from L2 through S1 with spinal narrowing and bulging;

electromyography showed neuropathy; MRI cervical spine (4/12) showing disc disease and herniation; nerve studies in 4/12 were remarkable; MRI 2012-2013) shows bulges at C-34 and C4-5 and facet changes. In the progress note dated 4/17/15 the treating provider's plan of care includes a repeat MRI of the lumbar spine because of progression of the disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI lumbar spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are discogenic lumbar condition with this disease and extrusion L4-L5; discogenic cervical condition; internal derangement left knee; trigger fracture along left heel; depression with medication; impingement syndrome right shoulder; chronic pain. The documentation indicates the injured worker had multiple lumbar spine magnetic resonance imaging scan. The MRI shows bulges at L3-L4 and L4-L5 and facet changes at L3-L4, L4-L5 and L5-S1. The injured worker had a repeat MRI in 2012. The date of the first MRI is not specified in the medical record. In a progress note dated April 17, 2015 the treating provider is ordering a third magnetic resonance imaging scan of the lumbar spine because the progression of disease. Objectively, however, the treating provider does not document physical findings/physical examination of the lumbar spine. There is no progression of disease based on the objective documentation in the medical record dated April 17, 2015. Additionally, repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. There are no significant changes in symptoms and/or objective findings suggestive of significant pathology documented in the medical record. Consequently, absent documentation with a significant change in symptoms and/or objective findings suggestive of significant pathology and objective examination/physical examination (April 17, 2015) and multiple MRIs lumbar spine performed on the injured worker, MRI of the lumbar spine without contrast is not medically necessary.