

<b>Case Number:</b>	CM13-0006403		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 36-year-old male who reported a work related injury on 07/25/2011 due to the patient tripping over equipment in which he fell onto his right shoulder on a concrete floor. MRI of the patient's right shoulder was suggestive of a partial thickness rotator cuff tear. The patient is status post right shoulder arthroscopic surgery on 07/27/2012. The patient underwent an initial course of physical therapy and 1 corticosteroid injection before surgery. The request is noted as MRI of the lumbar spine in order to rule out disc bulge or disc herniation causing chronic lower back pain with bilateral radicular symptoms.

### 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): 308-310.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The most recent clinical documentation submitted for review stated the patient complained pain in both shoulders and also complained of headaches, neck, and back pain. He also stated he had some pain in his jaw and pain in the entire left and right arms with pain throughout the entire left and right legs also. Physical exam revealed paralumbar tenderness from L1 to L5-S1. There was thoracic and lumbar spasms noted with bilateral sacroiliac and

trochanteric tenderness. The patient's diagnoses included chronic right shoulder pain, status post right shoulder arthroscopic surgery, chronic left shoulder pain arising out of overuse of the left shoulder from the work related injury from favoring the right shoulder, chronic cervical myofascial pain, chronic thoracic myofascial pain, chronic lumbosacral myofascial pain, chronic headaches, chronic TMJ pain bilaterally contributing to his headaches, chronic bilateral upper extremity dysesthesias, chronic bilateral lower extremity dysesthesias, and probable depression secondary to his industrial injury and disability. The California Medical Treatment Guidelines indicate 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. There was a lack of physical exam findings noted for the patient which would indicate a specific nerve compromise. There was also a lack of documentation noting the patient's conservative therapy for his lower back. The patient was not noted to have any radicular symptoms of pain and no physiological evidence of nerve dysfunction was noted in the patient per physical exam. Given the above, the request for MRI of the lumbar spine is non-certified.