

<b>Case Number:</b>	CM13-0008875		
<b>Date Assigned:</b>	09/10/2013	<b>Date of Injury:</b>	10/04/1986
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 65 year old male who sustained a work-related injury 25 years ago. The mechanism of injury was not provided for review. His diagnoses include shoulder pain, bilateral sciatica, cervical radiculopathy, and neck pain. He has been maintained on medical therapy with Celebrex, Tramadol., and Flexeril. On exam he has positive impingement signs of both shoulders, forward flexion at the lumbar spine is 60 degrees with normal bilateral straight leg raising. He has a right L5 radiculopathy. He has been recommended to undergo MRI studies of the LS spine and the Left shoulder. Bloodwork for sedimentation rate and uric acid was also requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs: sedimentation rate and serum uric acid levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medspace Internal Medicine: Inflammatory Arthritis 2012..

**Decision rationale:** There is no documentation provided necessitating the requested bloodwork. The claimant is status post trauma 25 years ago with residual shoulder, neck and back pain. There is no documentaiton of any inflammatory arthropathy including gout for the cause of his

continued chronic pain. He has not been evaluated by Rheumatology and there is no indication of synovitis, joint effusions or palpable nodules on exam. Medical necessity for the requested service has not been established.

**MRI 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): 304. Decision based on Non-MTUS Citation Medscape Internal Medicine: Evaluation of Low Back Pain 2012..

**Decision rationale:** Per the documentation the claimant had an MRI of the LS spine in 2004 which demonstrated autofusion at L1-L2 and degenerative disc disease at L4-S1. He has had persistent low back pain with evidence of a right L5 radiculopathy. There is no documentation of any significant change in his complaints or exam. He is maintained on medical therapy and there has been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine: Evaluation of Shoulder Pain 2012..

**Decision rationale:** There is no documentation provided necessitating the requested MRI of the left shoulder. The claimant has had complaints of bilateral shoulder pain with evidence of impingement. There is no documentation of any positive drop test; positive Hawkins or Neer signs consistent with an acute rotator cuff tear. There has been no formal physical therapy or reported injection therapy. Medical necessity for the requested MRI study has not been established.