MAXIMUS Federal Services

Case Number:	CM13-0022543		
Date Assigned:	11/27/2013	Date of Injury:	08/21/2008
Decision Date:	08/01/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/10/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year old male who has been diagnosed with bilateral shoulder and low back pain. The clinical note dated 10/24/13 indicates that no particular injury took place; however, following an initial evaluation on 10/01/09 the injured worker reported cumulative trauma resulted in the back and shoulder pain. The low back pain was located at the middle portion that was exacerbated with prolong sitting, standing and lying down. Numbness was identified in the anterior thighs at both lower extremities. The qualified medical evaluator dated 10/24/13 indicates the injured worker continuing with a long history of back and shoulder pain. The urine drug screen completed on 12/04/13 indicates the injured worker having been prescribed the use of tramadol; however, tramadol was not detected in the test. The clinical note dated 09/24/13 indicates the injured worker complaining of a persistent bilateral shoulder pain. No significant changes were identified from the previous clinical exam. The clinical note dated 08/13/13 indicates the injured worker having undergone a right shoulder surgery. The injured worker was being recommended an magnetic resonance imaging for both shoulders secondary to a lack of progress in the therapy setting. Upon exam, a market increase in pain was identified when the injured worker flexed beyond 30 degrees. The clinical note dated 07/02/13 indicates the injured worker continuing with a left-sided spinal and bilateral shoulder pain. The injured worker described the pain was constant with an increase in pain as a result of repetitive motions. The injured worker was recommended for repeat testing secondary to the persistent symptomology as well as ongoing therapy. The utilization review dated 08/12/13 resulted in a denial for an unknown diagnostic test as no information had been submitted confirming any need for diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 UNKNOWN DIAGNOSTIC TEST (DOS: 7/2/13): 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 1.)Fischbach FT, Dunning MB III, eds. (2009). Manual of Laboratory and Diagnostic Tests, 8th ed. Philadelphia: Lippincott Williams and Wilkins.2.)Pagana KD, Pagana TJ (2010). Mosby's Manual of Diagnostic and Laboratory Tests, 4th ed. St. Louis: Mosby Elsevier.

Decision rationale: The documentation indicates the injured worker complaining of bilateral shoulder and low back pain. No information was submitted regarding the need for any diagnostic testing to take place. Additionally, it is unclear given the injured worker clinical presentation whether additional diagnostic testing of any kind is medically necessary. Furthermore, no information was submitted regarding the specifics of the diagnostic test to include imaging studies, lab studies, or orthopaedic testing. Given that no information was submitted describing the diagnostic testing 07/02/13, this request is not indicated as medically necessary.