

<b>Case Number:</b>	CM13-0044244		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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. 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 patient is a 59-year-old female who reported an injury on 01/18/2013. The patient is diagnosed with cervical spine sprain and strain, cervical spine disc bulge, lumbar spine sprain and strain, lumbar spine disc bulge, rotator cuff syndrome, shoulder sprain and strain, and hip sprain and strain. The patient was seen by [REDACTED] on 11/25/2013. The patient reported 8/10 right shoulder pain and physical examination revealed tenderness to palpation of the lumbar spine and thoracic spine with spasm and decreased range of motion, tenderness to palpation of the right shoulder with spasm and decreased range of motion, and decreased sensation in the upper and lower extremities. Treatment recommendations included continuation of current medication, a pain management consultation, an orthopedic consultation, an internal medicine consultation, PRP injection into the right shoulder, and chiropractic treatment with shockwave therapy for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical Spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical documentation submitted, there is no evidence of the emergence of a red flag, nor evidence of tissue insult or neurologic dysfunction upon physical examination. There is also no evidence of a recent failure to respond to conservative treatment prior to the request for an imaging study. There is no significant change in the patient's symptoms or physical examination findings that would warrant the need for an imaging study at this time. Based on the clinical information received the request is non-certified.

**Lumbar Spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation with spasm and decreased range of motion. There is no documentation of a significant change in the patient's symptoms and/or physical examination findings that would warrant the need for an imaging study at this time. There is no documentation of a recent failure to respond to conservative treatment. Based on the clinical information received, the request is non-certified.