

Case Number:	CM13-0050590		
Date Assigned:	06/09/2014	Date of Injury:	08/28/2007
Decision Date:	07/14/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/11/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 55 year old female who has a work injury dated 8/28/07. Her diagnoses include multilevel lumbar degenerative disc disease with evidence for L4-5 left paracentral large (7 mm) protrusion causing moderate to severe central spinal canal stenosis, L3-4 annular fissure, left paracentral protrusion, spondylolisthesis involving L2-3, L3-4 and L4-5.2 and cervical sprain, possible cervical degenerative disc disease. There is a request for an updated left shoulder MRI. There is an 8/20/13 office visit that states that the patient has pain and discomfort in her neck and upper back on a constant and daily basis. There is radiating pain from her neck into both hand and wrists, which is also accompanied with numbness and tingling. The pain increases with physical activities such as turning the head side to side, looking up and down, repetitive motion of the upper extremities, repetitive reaching at or above shoulder level and lifting and carrying over 5 pounds. On examination she has cervical paraspinal tenderness. There is full cervical spine range of motion. There is 5/5 muscle motor strength in both upper extremities as well as normal sensation in the bilateral upper extremities. There is trapezius tenderness on palpation and paraspinal tenderness with left sided paraspinal spasms. There is also lumbar paraspinal tenderness. The document states that she feels that the neck pain goes down the left arm, but some of her pain goes up from where she has had carpal tunnel surgery. There have not been any recent MRI studies of the cervical spine. There is an 11/4/13 handwritten primary treating physician document that is somewhat illegible. It states that the patient complains of cervical spine pain that is sharp with numbness/tingling and aching. The left shoulder is in severe pain with sharpness, pins and needles. The impression is mild degenerative changes at the AC joint and lumbosacral musculoligamentous sprain. The treatment plan states that the last MRI was in 2008 and the plan was for an updated left shoulder MRI. Per documentation on the 10/07/13

progress report, the patient had complaints of low back pain with numbness and tingling. There is left shoulder pain with numbness and pain radiating to the hand. Exam revealed decreased range of motion (ROM) in the lumbar spine. There is also tenderness and a positive Phalen's sign in the left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

UPDATE MRI OF THE LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: Updated MRI of the left shoulder is not medically necessary per the ACOEM Guidelines. The guidelines states that the primary criteria for ordering imaging studies are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g. cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema), cyanosis or Reynaud's phenomenon; failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure . The documentation submitted does not reveal red flags, shoulder weakness, plans for surgery, or tissue insult in the shoulder. The request for an updated MRI of the left shoulder is not medically necessary.