

<b>Case Number:</b>	CM14-0105992		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 09/14/2012 secondary to attempting to sit in a chair when the chair moved and the injured worker fell backwards. Her diagnoses include left L4-5 disc herniation with L5 radiculopathy and shoulder impingement syndrome. Previous treatments for this injury were noted to include medications, a cane, activity modification, rest, heat, epidural steroid injection, physical therapy for the lumbar spine, chiropractic therapy, and acupuncture. An MRI of the lumbar spine performed on 02/27/2013 was noted to reveal findings of degenerative disc disease with disc herniations at L3-4 and L4-5 with mild to moderate bilateral neural foraminal narrowing. Electrodiagnostic studies performed on 03/07/2013 were noted to reveal no evidence of radiculopathy or peripheral neuropathy in the bilateral lower extremities. A right shoulder x-ray performed on 02/11/2014 was noted to reveal calcific tendonitis and mild osteoarthritic changes of the acromioclavicular joint. A lumbosacral x-ray performed on 02/11/2014 was noted to reveal mild anterior osteophytosis suggestive of moderate degenerative disc disease. The medical records submitted for review indicate that an MRI of the left shoulder was also performed previously. The findings of that MRI were not submitted for review. The injured worker was seen for a surgery consultation on 05/21/2014. On this date, she reported neck pain radiating into her bilateral arms as well as low back pain radiating into the left lateral leg to the top of her left foot. She reported that previous epidural steroid injections did not help with pain relief. On physical examination, the injured worker was noted to have 5/5 strength with right shoulder abduction and 4/5 strength in left big toe extension and left ankle plantarflexion. She was also noted to have a positive straight leg raise on the left with decreased sensation in the left lower extremity and normal reflexes. The treatment plan on this dated noted that new updated MRI scans would be requested due to worsening symptoms. It was noted that surgical interventions would be discussed based on the new updated MRI scans.

A request was submitted for an MRI of the lumbar spine without dye and an MRI of the right shoulder. The medical records submitted for review failed to provide a Request for Authorization form.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the Lumbar Spine without dye, (Lumbar,Coccyx): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state that "a repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology." A previous lumbar MRI performed on 02/27/2013 was noted to reveal disc herniations at the L3-4 and L4-5 level with mild to moderate bilateral neural foraminal narrowing. At the most recent clinical visit, the injured worker reported low back pain radiating to the left lateral leg into the top of her left foot. On physical examination, the injured worker was noted to have decreased sensation in the left lower extremity, a positive straight leg raise on the left side, and decreased strength at an L5-S1 myotomal distribution. The recent subjective reports and physical examination findings are consistent with the pathology indicated on the previous MRI of the lumbar spine. Although the injured worker reported worsening pain, there is a lack of documented evidence to indicate a significant change in symptoms or physical examination findings. Therefore, the medical necessity of a repeat MRI of the lumbar spine has not been established at this time. As such, the request for MRI Lumbar Spine without dye, (Lumbar, Coccyx) is not medically necessary.

#### **MRI of Joint Upper Extremity without dye, (Right Shoulder): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The medical records submitted for review indicate that an MRI of the right shoulder was performed previously. The MRI report and findings were not submitted for review. The Official Disability Guidelines state "that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." There is a lack of recent legibly documented subjective reports of pain in the right shoulder. The recent clinical note at the time of the request also failed to document any abnormal

physical examination findings related to the right shoulder. Therefore, there is a lack of documented evidence to indicate a significant change in symptoms or findings suggestive of significant pathology. Additionally, it was noted that the injured worker received physical therapy for the lumbar spine. However, there is a lack of documentation regarding physical therapy treatment for the shoulder. Therefore, it cannot be determined that the injured worker has failed an appropriate course of conservative treatment for the shoulder. For the aforementioned reasons, the medical necessity of a repeat MRI of the right shoulder has not been established at this time. As such, the request for MRI Joint Upper Extremity without dye, (Right Shoulder) is not medically necessary.