

<b>Case Number:</b>	CM14-0124987		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/10/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/26/14 when, while walking downstairs, she missed a step and twisted her body. She had immediate back pain. On 07/02/14 she was having low back pain radiating into the right lower extremity rated at 4/10. She was having intermittent right shoulder pain. Physical examination findings included right forearm tenderness. There was an absent Tinel's and carpal compression testing was negative. She had decreased shoulder range of motion with positive impingement testing. There was cervical and lumbar spine paraspinal muscle tenderness. She had hamstring pain with straight leg raise. There was right knee tenderness. Imaging results had shown multilevel degenerative disc disease in the cervical and lumbar spine, bilateral hip degenerative joint disease, and a right shoulder x-ray had been normal. She was released to modified work. She was seen by the requesting provider on 08/14/14. She was having low back and right leg pain and right shoulder pain. Pain was rated at 5/10. Physical examination findings included low back pain with range of motion and right paraspinal muscle tenderness without spasms or guarding. She had pain with impingement testing of the right shoulder. Diagnoses were lumbago, cervicalgia, and rotator cuff syndrome. She was continued at modified duty. Authorization for testing was requested. Ibuprofen was prescribed and she was to use heat and over the counter analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right 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 Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI)

**Decision rationale:** The claimant is status post work-related injury occurring in June 2014. When seen by the requesting provider, conservative treatment consisting of medications and the application of heat was initiated. She has ongoing, sub-acute right shoulder pain. Applicable indications for obtaining an MRI of the shoulder include suspected instability or labral tear which is not suggested by the claimant's reported physical examination findings or by history or complaints. Therefore this test is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

**Decision rationale:** The claimant is status post work-related injury occurring in June 2014. When seen by the requesting provider, conservative treatment consisting of medications and the application of heat was initiated. Applicable indications for obtaining a lumbar spine MRI in this case include uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, but sooner if severe or progressive neurologic deficit is present. In this case, the claimant has not had an adequate trial of conservative therapy and there is no severe or progressive neurological deficit. Therefore this test is not medically necessary.

**EMG of the RLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography)

**Decision rationale:** The claimant is status post work-related injury occurring in June 2014. When seen by the requesting provider, conservative treatment consisting of medications and the application of heat was initiated. EMGs (electromyography) are recommended as an option to obtain unequivocal evidence of radiculopathy after 1-month conservative therapy. In this case,

the claimant has not had an adequate trial of conservative therapy and therefore this test is not medically necessary.