

<b>Case Number:</b>	CM14-0129350		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/28/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 53 year old female who sustained an injury to her low back on 08/28/11 while cooking food in a kitchen, when she stepped back and tripped over cart. She fell back and tried to catch herself with her right hand, jamming her right arm. She was unable to keep herself from falling and fell on to the floor, on to her right side. Initial orthopedic evaluation and treatment note dated 06/30/14 reported that the injured worker complained of sharp pain in the cervical spine radiating through the bilateral shoulders, extending down to her arms. She believed that the pain was radiating from her low back up to her neck. Treatment to date included x-rays, medications, and modified work restrictions. The injured worker also underwent at least six visits of physical therapy and was given naproxen to control her pain and get her through her workdays. Physical examination noted antalgic gait; heel/toe walk compromise bilaterally; significant tenderness in the paras lumbar musculature; sciatic stretch signs and positive straight leg raise testing bilaterally 40-45 degrees; contralateral straight leg raise testing produced back pain on straight leg raise testing of 65-70 degrees, both in seated and supine position; sacroiliac joint stable on stress testing; midline lumbar spine range of motion from the thoracic spine down significantly reduced range of motion; paraspinous muscle spasm bilaterally accents rated on range of motion; forward flexion 15 degrees, extension 10 degrees, tilt to the right and left 10 degrees with increased pain and discomfort; no gross instability; slight diminution of ankle jerk reflex bilaterally; diminution of plantar strength bilaterally decreased posterolateral foot and heel sensation bilaterally. Plain radiographs of the lumbar spine taken on this date revealed some L5-S1 disc space narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the right shoulder with gadolinium: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

**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 request for MRI of the right shoulder with gadolinium is not medically necessary. Previous request was denied on the basis that current treatment guidelines do not recommend repeat MRI of the shoulder in the absence of significant change in symptoms or significant pathology. The injured worker had MRI of the right shoulder on 03/12/12 and right shoulder surgery on 07/13/12. There was no documented evidence that suggests there has been a significant change in symptoms or evidence of significant pathology to warrant a repeat MRI; therefore, the request is not indicated as medically appropriate. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There was no record of new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated there were no additional significant red flags identified that would warrant a repeat study. Given this, the request is not medically necessary.