MAXIMUS Federal Services

Case Number:	CM14-0133583		
Date Assigned:	08/27/2014	Date of Injury:	08/20/2004
Decision Date:	10/21/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational 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:

Injured worker is a female with date of injury 8/20/2004. Per pain management progress note dated 7/30/2014, the injured worker complains of neck, back, right shoulder and hand symptoms. She is status post lumbar epidural steroid injection on 7/1/2014 that decreased her back pain significantly. She states she is losing some sleep to pain, using Lorazepam. She has completed acupuncture without lasting relief. She complains of pain in the lower back with radiation to the left leg all the time. The pain is associated with tingling, numbness, and weakness in the left leg. The pain is constant or frequent in frequency and moderate to severe in intensity. She also complains of pain in bilateral shoulders, right worse than left with reduced ability to lift arm. She also complains of pain in the neck that radiates down arms associated with numbness and tingling. She also complains of numbness throbbing and tingling and sometimes dull ache in hands worse with activities. She rates the severity of the pain at 6/10, at its best 5/10 and at its worst 9/10. She describes the pain as sharp, throbbing, dull, aching, pressure like, shooting, electric like and burning with muscle pain, pins and needles sensation, skin sensitivity to light touch and limited temperature. Examination of the cervical spine reveals range of motion is full in all planes of the cervical spine. Inspection of the cervical spine reveals normal alignment without asymmetry or kyphosis. There is tenderness to palpation over the bilateral cervical paraspinal muscles. There is negative Spurling's maneuver bilaterally. Examination of the bilateral shoulders reveals limited range of motion on the right and weakness to resisted function. Examination of the right shoulder reveals tenderness to palpation over anterior and medial area, positive for Hawkins and crossed arm test, negative for dropped arm and Yergeson tests. Pain elicited with resistance with abduction and able to abduct to 90 degrees. Examination of hands reveals positive for Tinel's sign and Phalen's maneuver. Examination of the lumbar spine reveals range of motion to forward flexion is 45 degrees, extension is 10 degrees, and side bending is 20

degrees to the right and 20 degrees to the left. Rotation is limited. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is positive lumbar facet loading maneuver bilaterally. There is positive straight leg raise test in the seated and supine position to 40 degrees on the left. There is negative Patrick's test and negative Gaenslen's maneuver. There is decreased sensation in the L5 and S1 distribution on the left. Diagnoses include 1) lumbago 2) cervicalgia 3) carpal tunnel syndrome 4) displacement of cervical intervertebral disc without myelopathy 5) lumbosacral spondylosis without myelopathy 6) displacement of lumbar intervertebral disc without myelopathy 7) disorders of bursae and tendons in shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for shoulder acute and chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure.The injured worker has right shoulder complaints without any complaints of the left shoulder. There are examination findings for the right shoulder, but not the left. The requesting physician does not provide a rationale for why MRI is indicated. Medical necessity of this request has not been established. Therefore, the request for MRI of the Left Shoulder is determined to not be medically necessary.