

Case Number:	CM14-0136988		
Date Assigned:	08/29/2014	Date of Injury:	05/30/2014
Decision Date:	10/02/2014	UR Denial Date:	08/11/2014
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 Internal 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 patient is a 42-year-old male with date of injury on 05/30/2014. There is no reported mechanism of injury. The patient is diagnosed with right shoulder strain, right hip pain, and lumbar back pain with right sided sciatica. The notes provided are handwritten and difficult to interpret at times. The medication used is ibuprofen and cyclobenzaprine. There is no mention of physical therapy or other adjunctive therapy at this point. The patient has been treated conservatively with 'time' and medication. The current request is for MRI right shoulder and MRI lumbar spine.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 207-209.

Decision rationale: MTUS guidelines for MRI of the shoulder include red flag signs, evidence of tissue insult, failure to progress with conservative care, and pre-surgical planning, among others. This patient, per the notes, has abnormal findings on exam and some reported decrease

strength in the shoulder. The injury is over 4 months old and has failed to improve with conservative care at this point. Therefore, MRI of the right shoulder is medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back complaints Page(s): 287-315.

Decision rationale: MTUS guidelines for MRI imaging of the lumbar spine include any alarm features on history/exam, evidence of nerve compromise, and other. The notes provided state the patient has sciatic symptoms and is reported to have them on exam. The injury was about 4 months ago and has not improved yet with conservative care. Therefore, MRI of the lumbar spine is medically necessary.