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| <b>Case Number:</b>   | CM14-0032348 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 12/27/2007 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 01/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/06/2014 |

### 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 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 underlying date of injury in this case is 12/27/2007. The patient's treating diagnoses include a right shoulder sprain/strain status post lumbar surgery with residual pain. The claimant is status post a lumbar decompression and fusion at L4 through S1 which was performed on 08/26/2011. On 08/29/2011, lumbar plain films demonstrated satisfactory positioning of the patient's hardware. A lumbar computed tomography (CT) scan of 04/30/2012 demonstrated normal alignment of the patient's fusion. The patient was seen by the requesting provider on 12/16/2013 and was noted to have right shoulder and low back pain. The right shoulder pain radiated to the arm and hand, and the low back pain radiated to the left knee with associated numbness and tingling. The patient was noted to have mildly decreased range of motion loss in the right shoulder as well as lumbar motion of 15-40 degrees extension-flexion with decreased sensation over the L4 through S1 dermatomes. An initial physician review noted that there was no indication for lumbar plain films at this time since there was no clear change in the patient's status since a CT of the lumbar spine in 2012. The prior reviewer also noted there was no clinical indication for shoulder x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** ACOEM Guidelines, Chapter 9: Shoulder Complaints, page 209, recommends shoulder imaging if there is a specific clinical differential diagnosis to consider but recommends avoiding relying on imaging studies as the primary means of evaluating a source of symptoms. The medical records in this case do not clearly provide a differential diagnosis or other rationale as to the clinical question to be answered by x-rays of the shoulder. There is insufficient information to support an indication for this x-ray. This request is not medically necessary.

**X-RAY OF THE LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** The ACOEM Guidelines, Chapter 12: Low Back Complaints, page 304, discuss the ability of various techniques to identify and define low back pathology. This guideline implicitly recommends that diagnostic studies be performed based upon a specific differential diagnosis. The medical records do not include such as specific differential diagnosis currently to support an indication for plain films of the lumbar spine. In particular, it is unclear what new considerations are proposed for such as study as compared to extensive prior diagnostic imaging performed in this case which dates back to 2007. The medical records do not provide indication for the requested lumbar x-ray. This request is not medically necessary.