

Case Number:	CM14-0049054		
Date Assigned:	06/25/2014	Date of Injury:	01/26/2014
Decision Date:	07/31/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 Orthopedic Surgery 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 46-year-old male was reportedly injured on January 26, 2014. The mechanism of injury was not noted in the records provided for review. The most recent progress note dated May 9, 2014, indicated that there were ongoing complaints of left shoulder pain and low back pain. There was a complaint of weakness and burning in the left upper extremity. The physical examination demonstrated tenderness of the left shoulder and lumbar spine along with limited range of motion. There was a request for an MRI of the lumbar spine, an MRI of the left shoulder, nerve conduction studies of the bilateral lower and upper extremities, and a lumbar sacral orthotic (LSO) support brace. A request was made for an MRI of the left shoulder, an MRI of the lumbar spine, a request for tramadol, and a request for upper extremity nerve conduction studies and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 208-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: According to the medical record, there has been no previous conservative treatment rendered for the injured employee's lumbar spine and left shoulder other than prescriptions of oral medications nor have plain films been obtained. Without prior conservative treatment having been tried and failed, this request for an MRI of the left shoulder is not medically necessary.

Prospective request for 1 MRI 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): 287.

Decision rationale: According to the medical record, there has been no previous conservative treatment rendered for the injured employee's lumbar spine and left shoulder other than prescriptions of oral medications nor have plain films been obtained. Without prior conservative treatment having been tried and failed, this request for an MRI of the lumbar spine is not medically necessary.

Prospective request for 1 Prescription of Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 76.

Decision rationale: There was no documentation in the medical record of any failure of first line anti-inflammatory medications. It is unclear why there was a request for tramadol at this time. This request for tramadol is not medically necessary.

Prospective request for 1 Upper extremity neurodiagnostic studies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: According to the medical record, there has been no previous conservative treatment rendered for the injured employee's lumbar spine and left shoulder other than prescriptions of oral medications nor have plain films been obtained. Without prior conservative treatment having been tried and failed, this request for nerve conduction studies of the upper extremities is not medically necessary.