MAXIMUS Federal Services

Case Number:	CM14-0060372		
Date Assigned:	07/09/2014	Date of Injury:	09/16/2008
Decision Date:	09/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	05/01/2014

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 Emergency 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 61 year-old female, who sustained an injury on September 16, 2008. The mechanism of injury occurred from a slip and fall. Diagnostics have included 2008 lumbar spine MRI and x-rays. Treatments have included left shoulder surgery, physical therapy, medications, cervical and lumbar injections. The current diagnoses are lumbar strain/sprain, lumbar radiculopathy, coccydynia, and left shoulder tendonitis/impingement/internal derangement. The stated purpose of the request for MRI arthrogram of the left Shoulder was to diagnose problems with the joint. The request for MRI arthrogram of the left Shoulder was denied on March 27, 2014, citing a lack of documentation of red flag conditions or findings indicative of rotator cuff-impingement-labral tear conditions and no documentation of a cortisone injection trial. The stated purpose of the request for MRI of the lumbar spine was to rule out internal derangement. The request for MRI of the lumbar spine was denied on March 27, 2014, citing a lack of documentation of positive neurologic exam findings. The stated purpose of the request for TENS Unit and supplies for 60 days was to provide pain relief. The request for TENS Unit and supplies for 60 days was denied on March 27, 2014, citing a lack of documentation of guideline-supported effectiveness. Per the report dated February 20, 2014, the treating physician noted complaints of pain to the left shoulder, low back with radiation to both legs and tailbone. Exam findings included an abnormal gait with left leg limp, a slight loss of left shoulder range of motion with a positive left-sided impingement test, lumbar spasm and tenderness with mild lumbar loss of motion and positive straight leg raising tests with hypoesthesia of the anterolateral aspect of the foot ankle bilaterally at the L5 and S1 dermatomes as well as decreased bilateral bog toe dorsiflexors and plantar flexors. The treating physician also requested a left shoulder injection. Per an April 8, 2013 AME report, the provider noted full bilateral shoulder range of motion with minimal weakness and normal upper and lower extremity neurologic exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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

Decision rationale: The requested MRI arthrogram of the left shoulder is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS), 7/18/ 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials, and an arthrogram with surgical indications of a labral tear. The injured worker has pain to the left shoulder, low back with radiation to both legs and tailbone. The treating physician has documented an abnormal gait with left leg limp, a slight loss of left shoulder range of motion with a positive left-sided impingement test, lumbar spasm and tenderness with mild lumbar loss of motion and positive straight leg raising tests with hypoesthesia of the anterolateral aspect of the foot ankle bilaterally at the L5 and S1 dermatomes as well as decreased bilateral bog toe dorsiflexors and plantar flexors. The treating physician also requested a left shoulder injection. Even though the treating physician has documented positive impingement findings on exam, the results of a corticosteroid injection trial have not been documented. The criteria noted above not having been met, MRI arthrogram of the left shoulder is not medically necessary.

MRI of the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested MRI of the lumbar spine is medically necessary. The California MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The request for MRI of the lumbar spine was denied on March 27, 2014, citing a lack of

documentation of positive neurologic exam findings. The injured worker has pain to the left shoulder, low back with radiation to both legs and tailbone. The treating physician has documented an abnormal gait with left leg limp, a slight loss of left shoulder range of motion with a positive left-sided impingement test, lumbar spasm and tenderness with mild lumbar loss of motion and positive straight leg raising tests with hypoesthesia of the anterolateral aspect of the foot ankle bilaterally at the L5 and S1 dermatomes as well as decreased bilateral bog toe dorsiflexors and plantar flexors. The criteria noted above having been met, the MRI of the lumbar spine is medically necessary.

TENS Unit and supplies for 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic Page(s): 114-116.

Decision rationale: The requested TENS Unit and supplies for 60 days, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has pain to the left shoulder, low back with radiation to both legs and tailbone. The treating physician has documented an abnormal gait with left leg limp, a slight loss of left shoulder range of motion with a positive left-sided impingement test, lumbar spasm and tenderness with mild lumbar loss of motion and positive straight leg raising tests with hypoesthesia of the anterolateral aspect of the foot ankle bilaterally at the L5 and S1 dermatomes as well as decreased bilateral bog toe dorsiflexors and plantar flexors. The treating physician has not documented a current rehabilitation program, or functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, TENS Unit and supplies for 60 days, is not medically necessary.