

<b>Case Number:</b>	CM14-0194037		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	12/02/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder and back pain reportedly associated with an industrial injury of December 2, 2013. In a Utilization Review Report dated November 4, 2014, the claims administrator failed to approve a request for high-resolution MRI imaging of the shoulder and low back. The claims administrator stated that its decision was based on progress notes dated September 10, 2014 and October 22, 2014. The applicant's attorney subsequently appealed. In progress notes of August 3, 2014 and August 22, 2014, the applicant received acupuncture. On September 3, 2014, the applicant consulted an orthopedist reporting complaints of shoulder and low back pain. The applicant had received chiropractic manipulative therapy through her previous treating provider, it was stated. 9/10 shoulder pain was appreciated. The applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Derivative complaints of anxiety, psychological stress, and depression were reported. The applicant was using Xanax and Tramadol for pain relief as well as other unspecified analgesic and antidepressant medications. The applicant was status post earlier left shoulder surgery, it was acknowledged. Limited left shoulder range of motion was noted with abduction to 100 degrees. Forward flexion was variably limited, anywhere from 70 to 160 degrees. Diminished muscle strength was noted in some planes. Positive impingement maneuver was noted. Symmetric lower extremity reflexes were noted. The attending provider stated that the applicant had had earlier shoulder and lumbar MRI imaging. The earlier MRI imaging of May 16, 2014 demonstrated multilevel disk protrusions of uncertain clinical significance, while earlier left shoulder MRI imaging of May 16, 2014 demonstrated tendinopathy of the infraspinatus and supraspinatus tendons with bursitis also appreciated. The attending provider sought authorization for an arthroscopic decompression surgery for the shoulder and associated postoperative physical therapy. The applicant was placed

off of work, on total temporary disability. Epidural steroid injection therapy was sought. On December 3, 2014, the attending provider stated that he was still pending diagnostic testing. On October 22, 2014, the applicant reported ongoing complaints of back and shoulder pain. Updated high-resolution MRI imaging of the shoulder and low back were sought on the grounds that this had been suggested by a Qualified Medical Evaluator (QME). Relafen, Prilosec, Ultram, work restrictions, and home exercises were endorsed. It did not appear that the applicant was working.

## **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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Here, the requesting provider did state that he was considering a subacromial decompression procedure involving the affected shoulder. The requesting provider further stated that earlier shoulder MRI imaging performed in May 2014 was of suboptimal quality. The applicant's presentation, which included significantly limited shoulder range of motion and positive provocative testing, did seemingly suggest the presence of an occult rotator cuff tear for which surgical intervention was being actively considered/contemplated. Therefore, the request for a high-resolution shoulder MRI is medically necessary.

**MRI of the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary

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

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there was neither an explicit statement (nor an implicit expectation) that the applicant was actively considering or contemplating any kind of surgical intervention involving the lumbar spine on or around the date in question. Rather, the attending provider indicated that he was pursuing the proposed lumbar MRI largely at the request of the applicant's Qualified Medical Evaluator (QME). Thus, it did not appear that the lumbar

MRI in question was being performed for preoperative evaluation purposes but, rather, for evaluation purposes/medical legal purposes. The request, thus, is at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.