

Case Number:	CM14-0199954		
Date Assigned:	12/10/2014	Date of Injury:	06/12/2012
Decision Date:	01/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 New York. 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 60-year-old female who was injured on June 12, 2012. The patient continued to experience pain in her lower back and right shoulder. Physical examination was notable for tenderness over the medial border of the right scapula, tenderness over the right L4-5 and L5-S1 facets, negative straight leg raise, positive facet loading, normal motor strength in all extremities, intact sensation in all extremities, negative impingement sign in bilateral shoulders, and mildly decreased range of motion of the right shoulder secondary to pain. MRI of the lumbar spine dated September 11, 2012 reported 2-3 mm disc protrusion and left-sided facet hypertrophy at L5-S1, mild bilateral facet arthropathy at L4-5 and 2.5 disc bulge at L3-4. Diagnoses included Treatment included physical therapy, occupational therapy, medications, surgery, and acupuncture. Requests for authorization for MRI arthrogram right shoulder and MRI lumbar spine were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram, Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder , MR arthrogram.

Decision rationale: Primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g. full-thickness rotator cuff tear) or to further evaluate the possibility of potentially serious pathology, such as a tumor. In this case there is no documentation that the patient has had a change in symptoms, that a red flag is present, or that surgery is anticipated. Medical necessity has not been established. The request should not be authorized. MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. In this case the ordering physician was looking for recurrent rotator cuff tear. In this case there is no documentation that the patient has significant weakness on range of motion of the right shoulder or that there has been a significant change in the patient's signs or symptoms. There is no indication for MR arthrogram of the right shoulder. MRI Arthrogram, Right Shoulder is not medically necessary and appropriate.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Guidelines Duration Guidelines Shoulder (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic MRI's.

Decision rationale: Imaging of the lumbosacral spine is indicated in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Further investigation is indicated in patients with history of tumor, infection, abdominal aneurysm, or other related serious conditions, who have positive findings on examination. MRI of the spine is recommended for indications below. MRI's are test of choice for patients with prior back surgery. MRI of the lumbar spine for uncomplicated low back pain, with radiculopathy, is not recommended until after at least one month conservative therapy, sooner if

severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficit- Lumbar spine trauma: trauma, neurological deficit- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit.- Uncomplicated low back pain, prior lumbar surgery- Uncomplicated low back pain, cauda equina syndrome- Myelopathy (neurological deficit related to the spinal cord), traumatic- Myelopathy, painful- Myelopathy, sudden onset- Myelopathy, stepwise progressive- Myelopathy, slowly progressive- Myelopathy, infectious disease patient- Myelopathy, oncology patient

In this case there is no documentation that the patient had emergence of red flags or that there has been any signs/symptoms of progressive neurological deficit. There is no indication for MRI of the lumbar spine. Therefore, MRI of the Lumbar Spine is not medically necessary and appropriate.