

<b>Case Number:</b>	CM14-0202507		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Family Practice, and is licensed to practice in Ohio. 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:

According to the records made available for review, the injured worker is a 53 year-old male with a date of injury of 04/30/2013. The results of the injury include low back pain, right shoulder pain, and neck pain. Diagnoses include cervical sprain with radicular symptoms, lumbar spine strain with radicular symptoms, right shoulder rotator cuff tendinitis, and status post previous lumbar fusion L4-L5, L5-S1. Diagnostic studies have included an x-ray of the cervical spine, dated 09/30/2014, which revealed discogenic disease at C5-C6; satisfactory range of motion in flexion and extension with no instability; and no fractures or other abnormalities identified. An x-ray of the lumbosacral spine, dated 09/30/2014, was remarkable for previous spinal fusion surgery at L4-L5 and L5-S1 with radiopaque plate screw apparatus and interbody disc apparatus; discogenic disease, satisfactory range of motion in flexion and extension; and no fractures or instability. An x-ray of the right shoulder, dated 09/30/2014, showed a defect in the superolateral aspect of the humeral head; no fractures or dislocations; no focal lytic or blastic lesions; and no evidence for osteonecrosis or fluid. Treatments have included medications and back brace. Medications used have included Flexeril, Relafen, and Prilosec. A progress note from the treating physician, dated 06/23/2014, reports the injured worker's subjective complaints to include ongoing low back pain with radiation to the left leg with numbness and tingling in the bilateral legs, and ongoing right shoulder and neck pain. Objective findings are listed to include normal sensory and motor examinations of the lower extremities, and normal gait. Lumbar spine range of motion is listed as flexion: 45 degrees, and extension, right lateral bending, left lateral bending, right rotation, and left rotation: 15 degrees. Examination of the right shoulder revealed tenderness in the bicipital groove, decreased range of motion, positive Hawkins' test, and positive Neer's test. The treatment plan consisted of pending right shoulder arthroscopy. Request is being made for 1 MRI of the Right Shoulder and for 1 MRI of the Lumbar Spine with

Gadolinium. On 11/11/2014, Utilization Review non-certified a prescription for 1 MRI of the Right Shoulder and for 1 MRI of the Lumbar Spine with Gadolinium. Utilization Review non-certified a prescription for 1 MRI of the Right Shoulder and for 1 MRI of the Lumbar Spine with Gadolinium based on the lack of documentation indicating the injured worker had a necessity for repeat MRIs, as evidenced by lack of significant change in symptoms or findings suggestive of significant pathology. The Utilization Review cited the Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder Chapter, Low Back Chapter: MRIs (Magnetic Resonance Imaging). Application for independent medical review was made on 12/02/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 MRI of the right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Magnetic resonance imaging (MRI)

**Decision rationale:** Per the Official Disability Guidelines, the indications for MRI imaging of the shoulder are:- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs.- Subacute shoulder pain, suspect instability/labral tear.- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this instance, the progress note from 6-23-2014 stated that the injured worker had continued right shoulder pain with the physical findings consistent with possible impingement syndrome and/or shoulder tendonitis. That note concludes by stating that a right shoulder arthroscopy was approved but had not yet been scheduled. Per the utilization reviewer, an MRI scan of the right shoulder was performed 7-5-2013 and revealed a type II slap lesion, partial thickness tears and tendinosis of the supraspinatus, infraspinatus, and subscapularis tendon. There were small to moderate effusions of the subdeltoid and subacromial bursa consistent with bursitis. The progress note from 6-23-2014 does not describe how there had been a significant change in symptoms from the date of the previous MRI scan, or that clinical instability or a labral tear was suspected. Consequently, an MRI scan of the right shoulder was not medically necessary.

#### **1 MRI of the lumbar spine with Gadolinium: Upheld**

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

**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, MRIs (Magnetic Resonance Imaging)

**Decision rationale:** MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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). In this instance, it is known that the injured worker had a previous lumbar fusion surgery and presumably has had an MRI scan of the lumbar spine previously. The progress note from 6-23-2014 states that the injured worker reported ongoing low back pain which radiates to the left leg with numbness and tingling in both legs. There are no records submitted which indicate when the lumbar fusion surgery was or how long these symptoms have been present. The physical exam does not indicate significant neuro-compressive pathology. Therefore, based on the submitted documentation it cannot be known if the symptoms reported 6-23-2014 represented any kind of a significant change over baseline or since the fusion surgery and the physical exam is not consistent with significant pathology. Hence, an MRI of the lumbar spine with Gadolinium was not medically necessary based upon the submitted documentation and with regard to the referenced guidelines.