

Case Number:	CM15-0018686		
Date Assigned:	02/06/2015	Date of Injury:	09/22/2011
Decision Date:	04/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43-year-old male, who sustained an industrial injury on 9/22/2011. He reported lifting a 50-pound bag causing him to arch backwards injuring his right shoulder, neck and lower back. The diagnoses have included right shoulder internal derangement with probable rotator cuff injury/bursitis and acromioclavicular (AC) joint pain, cervical disc disease and probable lumbar disc herniation with right lower extremity L4-5 and L5-S1 radiculopathy. Treatment to date has included chiropractic manipulation, physical therapy, acupuncture and an epidural steroid injection (ESI). According to the initial orthopedic consult dated 12/4/2014, the injured worker complained of right shoulder pain, low back pain and neck pain. He had radiation down the right leg with numbness in his right foot. Exam of the cervical spine revealed tenderness in the neck paraspinal muscles with pain at extremes of all range of motion. There was evidence of radicular pathology. Right shoulder exam revealed positive Hawkins and Neer test. There was mild acromioclavicular (AC) joint pain to palpation. Exam of the lumbar spine revealed global tenderness throughout the lumbar paraspinal muscles at levels L4 through S1. There was evidence of mild muscle spasms in the lower lumbar spine. The treatment plan was for repeat magnetic resonance imaging (MRI) of the lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI of the Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The ACOEM guidelines indicate that the criteria for obtaining an MRI of the shoulder includes failure to progress in a strengthening program intended to avoid surgery. The attached medical record indicates that the injured employee has previously participated in physical therapy and still complains of right shoulder pain and positive impingement test on physical examination. Considering this, this request for an open MRI the right shoulder is medically necessary.

Open MRI of the Lumbar: 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), Low Back Chapter, (MRIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI.

Decision rationale: The attached medical record indicates that the injured employee has had a previous MRI the lumbar spine obtained. It is not stated that the injured employee symptoms or physical examination findings have significantly changed or worsened since the date of this study. As such, this request for an open MRI the lumbar spine is not medically necessary.

Interpretation of Films: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.