

<b>Case Number:</b>	CM15-0140045		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 51 year old male who sustained an industrial injury on 07/08/2011. He reported pain in the lower back and shoulders from a cumulative injury. The injured worker was diagnosed as having: Left shoulder internal derangement, Left shoulder rotator cuff tear with retraction (massive retracted tear), Left shoulder rotator cuff tear arthropathy, Lumbar spine degenerative disc disease, Cervical spine degenerative disc disease, Lumbar myalgia. Treatment to date has included medications and shoulder surgery. Currently, the injured worker complains of bilateral shoulder pain with greater in the left side. He also complains of pain in the lower back that includes spasm and decreased range of motion. On examination of the lumbar spine, there is tenderness to palpation. Range of motion is decreased, motor strength is 5 out of five, and sensation is intact to all dermatomes. Medications include tramadol, ibuprofen, and omeprazole. The treatment plan includes referral to a total joint specialist for the left shoulder partial rotator cuff tear, a MRI of the lumbar spine, and an x-ray of the lumbar spine. A request for authorization was made for the following: MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation <http://www.acr.org/>.

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

**Decision rationale:** This claimant was injured in 2011 with diagnoses of pain in the lower back and shoulders reportedly from a cumulative injury. The diagnoses were left shoulder internal derangement, a massive left shoulder rotator cuff tear with retraction, left shoulder rotator cuff tear arthropathy, lumbar spine degenerative disc disease, cervical spine degenerative disc disease and lumbar myalgia. There is pain in the lower back that includes spasm and decreased range of motion. Motor strength is 5 out of five, and sensation is intact to all dermatomes. No objective neurologic signs were noted. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are little accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients 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." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. The above request is not medically necessary in this case.