

Case Number:	CM15-0142556		
Date Assigned:	08/03/2015	Date of Injury:	09/16/1995
Decision Date:	08/28/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 was a 46-year-old female, who sustained an industrial injury, September 25, 1995. The injured worker previously received the following treatments function restoration program, OxyContin, Flexeril, Lexapro and OxyIR. The injured worker was diagnosed with severe intractable neuropathic pain, large herniated disc L5-S1 with extrusion, lumbar foraminal stenosis, lumbar radiculopathy, left shoulder pain, chronic pain syndrome, anxiety and depression. According to progress note of May 19, 2015, the injured worker's chief complaint was persistent back pain and bilateral shoulder pain. The injured worker was complaining of twitching mostly in the upper and left shoulder. The medications help in the injured worker was home chores and preparing meals. The injured worker reported difficulty getting out of bed without medications. The physical exam noted the injured worker had limited range of motion of the lumbar spine. There was tenderness with palpation to the lumbar paraspinals. The straight leg raises were positive. The injured worker walked with an antalgic gait, without an assistive device. The shoulders were positive for Hawkin's test, especially on the left. The treatment plan included left shoulder MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (left shoulder): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." ODG states "Indications for imaging Magnetic resonance imaging (MRI): 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." (Mays, 2008) The treating physician has provided no evidence of red flag diagnosis and has not met the above ODG and ACOEM criteria for an MRI. Additionally, no plain radiographs have been provided. As such the request for MRI (left shoulder) is not medically necessary.