

Case Number:	CM15-0142559		
Date Assigned:	08/03/2015	Date of Injury:	09/16/1995
Decision Date:	08/31/2015	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: 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 is a 47 year old male, who sustained an industrial injury on September 16, 1995. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medications, psychotherapy and surgery. Currently, the injured worker complains of persistent back and bilateral shoulder pain along with increased twitching more in his upper arm and left shoulder. The injured worker is diagnosed with chronic intractable low back pain, post lumbar laminectomy and disc removal at L5-S1, lumbar foraminal stenosis, lumbar radiculopathy, left shoulder pain and chronic pain syndrome. A progress note dated May 19, 2015, states the injured worker experiences improved function and increased ability to engage in activities of daily living when he takes his pain medication. He also states he has difficulty getting out of bed without his pain medication. An MRI of the right shoulder is requested to help further diagnose the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (right shoulder): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, MRI.

Decision rationale: This claimant was injured in 1995. The diagnoses are chronic intractable low back pain, post lumbar laminectomy and disc removal at L5-S1, lumbar foraminal stenosis, lumbar radiculopathy, left shoulder pain and chronic pain syndrome. As of May 2015, there is improved function and increased ability to engage in activities of daily living when he takes his pain medication. An MRI of the right shoulder was requested to help further diagnose the injured worker; however, no objective physical examination signs suggestive of orthopedic internal derangement are noted. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is not medically necessary.