

Case Number:	CM15-0143490		
Date Assigned:	08/04/2015	Date of Injury:	01/19/2007
Decision Date:	09/01/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/24/2015

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

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 59 year old female, who sustained an industrial injury on 11-24-2010. She reported a slip and fall injury. Diagnoses have included degenerative spine disease with right lumbar radiculopathy. Treatment to date has included lumbar epidural steroid injection. According to the progress report dated 7-1-2015, the injured worker complained of severe back pain on ambulation. She reported being unable to walk for any distance because of pain. Physical exam revealed hypersensitivity over the right L4 and L5 distribution. There was limited range of motion of the lower back with tenderness to palpation. Straight leg raise was positive on the right. The treatment plan was for bilateral radiofrequency ablation of L4 and L5. The progress report noted as of 5-6-2015, the injured worker had right rotator cuff tear with right shoulder tightness and would be seen for that in June 2015. Authorization was requested for magnetic resonance imaging (MRI) of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Magnetic Resonance Imaging of the right shoulder, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. The requesting provider does not document reasoning to support a request for MRI outside these guideline recommendations. The request for 1 Magnetic Resonance Imaging of the right shoulder, as outpatient is determined to not be medically necessary.