

<b>Case Number:</b>	CM15-0168201		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	03/19/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 49-year-old male who sustained an industrial injury on March 19, 2011 resulting in multiple injuries including right middle finger crush and laceration, head trauma, right shoulder, and low back pain. Diagnoses have included multiple lumbar disc herniation, lumbar radiculopathy, lumbar paraspinal muscle spasms, rotator cuff syndrome, and shoulder sprain or strain. He has not worked since March, 2011. Documented treatment includes 6 sessions of acupuncture in 2014, physical therapy, 6 chiropractic sessions from which there was little improvement documented, home exercise, use of a walker, and medication reported as reducing pain for 6-8 hours. The injured worker continues to present with muscle spasms in his low back with pain, numbness, and cramping in his bilateral lower extremities, as well as right shoulder pain. He has difficulty walking and performing activities of daily living. The treating physician's plan of care includes request for authorization originally submitted on July 22, 2015 for MRI of the lumbar spine to assess for disc pathology, and ultrasound of the right shoulder to assess for rotator cuff pathology, but both have been denied.

### 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 to assess for disc pathology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The claimant had a prior MRI which showed degenerative disc disease in 2011. The request for an MRI of the lumbar spine is not medically necessary.

**Ultrasound of the Right shoulder to assess for RTC pathology:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter and pg 42.

**Decision rationale:** According to the guidelines, the results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. In this case, there was crepitus, painful range of motion and pain in the right shoulder. The request for an ultrasound of the right shoulder is medically necessary and appropriate.