

Case Number:	CM15-0190366		
Date Assigned:	10/02/2015	Date of Injury:	02/23/2015
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Emergency 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 50 year old female who sustained an industrial injury February 23, 2015. She was initially diagnosed with unspecified disorder shoulder joint and neck sprain, strain (and lumbar sprain, strain as of September 1, 2015) and was treated with medication and (8) chiropractic treatments and orders for an MRI of the right shoulder and an orthopedic evaluation. According to a primary treating physician's progress report dated September 1, 2015, the injured worker presented with continued right shoulder pain, unable to raise right arm over head. She reported neck and back pain, improved slightly with initial trial of chiropractic therapy. She reports some radiating pain from the back into the posterior thighs. Objective findings included cervical spine and lumbar spine range of motion remain limited with pain at end stages; right shoulder passive range of motion is painful with audible crepitus, 4 out of 5 right rotator cuff strength with pain; deep tendon reflexes are active, normal; sensation and motor strength intact in upper and lower extremities. At issue, is the request for authorization for an MRI of the lumbar spine. An MRI of the right shoulder dated September 1, 2015, (report present in the medical record) impression; mild supraspinatus and infraspinatus tendinosis; mild subacromial-subdeltoid and subcoracoid bursitis; acromion flat and laterally downsloping; mild osteoarthritis of the acromioclavicular joint. According to utilization review dated September 11, 2015, the request for an MRI of the lumbar spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested Magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary. CA MTUS ACOEM 2nd Edition 2004 Chapter 12 Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, pages 303-305, recommend imaging studies of the lumbar spine with "unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has continued right shoulder pain, unable to raise right arm over head. She reported neck and back pain, improved slightly with initial trial of chiropractic therapy. She reports some radiating pain from the back into the posterior thighs. Objective findings included cervical spine and lumbar spine range of motion remain limited with pain at end stages; right shoulder passive range of motion is painful with audible crepitus, 4 out of 5 right rotator cuff strength with pain; deep tendon reflexes are active, normal; sensation and motor strength intact in upper and lower extremities. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Magnetic resonance imaging (MRI) of the lumbar spine is not medically necessary.