

<b>Case Number:</b>	CM15-0205793		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/18/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 41 year old female, who sustained an industrial injury on 11-18-14. She reported numbness and tingling in bilateral hands, fingers, and elbows. Pain in the shoulders, neck, and back were also noted. The injured worker was diagnosed as having cervical sprain and strain, lumbar sprain and strain, bilateral upper extremity overuse syndrome, bilateral cubital tunnel syndrome, and bilateral shoulder impingement syndrome. Treatment to date has included 8 acupuncture sessions, physical therapy, and medication including Tramadol, Diclofenac Sodium, Omeprazole, and topical compounds. On 6-2-15 the treating physician noted physical examination findings included "decreased range of motion throughout her body with pain and spasm." On 10-6-15, the injured worker complained of back pain and upper extremity pain. On 10-6-15 the treating physician requested authorization for a MRI of the shoulders and a MRI of the lumbar spine. On 10-19-15 the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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

**Decision rationale:** This 41 year old female has complained of low back pain, neck pain, shoulder pain and hand and finger pain since date of injury 11/18/2014. She has been treated with acupuncture, physical therapy and medications. The available medical records show a request for MRI of the shoulders without any physical exam findings or provider rationale to support the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of objective evidence of focal deficit is not indicated. Additionally, there is inadequate documentation of a trial of conservative treatment modalities. On the basis of the MTUS guidelines cited above, the request for MRI of the bilateral shoulders is not indicated as medically necessary.

**MRI of the lumbar spine:** Upheld

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

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

**Decision rationale:** This 41 year old female has complained of low back pain, neck pain, shoulder pain and hand and finger pain since date of injury 11/18/2014. She has been treated with acupuncture, physical therapy and medications. The available medical records show a request for MRI of the lumbar spine without any new patient symptomatology, physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine is not indicated as medically necessary.