

<b>Case Number:</b>	CM15-0209997		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/02/2015
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, 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:

This is a 79 year old male patient, who sustained an industrial-work injury on 5-2-15. He sustained the injury while pulling out a cast iron tub. The diagnoses include left shoulder full thickness rotator cuff tear and low back pain and myospasms. Per the doctor's note dated 9/2/15, he had complains of low back pain with bending, stooping, twisting, and sitting for long periods. Physical exam revealed left shoulder- painful arc and does not use left shoulder; the lumbosacral spine- loss of normal lordosis, increased muscle tone in the bilateral musculature but the pelvis is level, gait without foot drop. The medications list includes Norco and baclofen. He had MRI left shoulder dated 7-14-15 which revealed full thickness retracted tear involving the distal supraspinatus component of the cuff with retraction of 20 mm and AP length of the tear at 15 mm, tendinosis with a mild central intrasubstance tear long head of the biceps tendon rotator cuff interval, mild AC (acromioclavicular) joint arthropathy and lateral down sloping of the acromion, and degenerative intraosseous cysts under the lesser tuberosity of the humerus. Treatment to date has included medication, functional capacity evaluation, and diagnostics. The Request for Authorization requested service to include MRI Lumbar Spine. The Utilization Review on 10-2-15 denied the request for MRI Lumbar Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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:** Per the ACOEM low back guidelines unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Evidence of abnormal electro-diagnostic study with abnormal neurological findings is not specified in the records provided. A recent lumbar spine X-ray report is also not specified in the records provided. Response to a course of conservative therapy including physical therapy and pharmacotherapy for the lumbar spine is not specified in the records provided. The medical necessity of MRI Lumbar Spine is not fully established for this patient at this juncture.