

Case Number:	CM15-0026973		
Date Assigned:	02/19/2015	Date of Injury:	05/10/2011
Decision Date:	03/31/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/12/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old female who sustained a work related injury on 5/10/11, injuring her shoulder after slipping and falling onto hard cement. Conservative treatment included physical therapy, home exercise program, anti-inflammatory drugs, and pain medications. She underwent right shoulder arthroscopic rotator cuff repair, acromioplasty, labral debridement, synovectomy, biceps tenodesis, and manipulation with lysis of adhesions on 3/20/14. Records indicate that the patient has been treated for back pain since at least 6/12/14. The 1/16/15 treating physician report cited grade 5/10 lumbar spine pain radiating into the right buttock to the calf, primarily exacerbated with prolonged walking or sitting. Conservative treatment has included Flexeril, Advil, Lidoderm patches, and H-wave without sustained benefit. Physical exam documented tenderness to palpation over the lumbosacral region and bilateral sciatic notches, with paraspinal muscle spasms. There was global 4/5 right lower extremity strength and 5/5 left lower extremity strength. Lumbar range of motion was significantly restricted in flexion with moderate loss in the other planes of motion. Lower extremity deep tendon reflexes were 2+ and symmetrical. The diagnosis included chronic lumbar sprain/strain with probable underlying degenerative changes. The treatment plan recommended lumbar MRI. The treating physician opined that the patient's complaints and clinical findings were consistent with radicular symptoms that may extend from an occult lesion in her lumbar spine area. On 2/19/15, a request for magnetic resonance imaging (MRI) of the lumbar spine without dye was non-certified by utilization review, noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine w/o dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The California MTUS guidelines state that unequivocal objective findings of specific nerve compromise on the neurologic exam are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. 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. Indiscriminant imaging carries the risk of diagnostic confusion. Guideline criteria have not been met. There are essentially no clinical exam findings suggestive of specific nerve compromise. There is no evidence of a progressive neurologic deficit. Given the absence of unequivocal objective findings of specific nerve compromise, this request is not medically necessary.