

Case Number:	CM15-0222465		
Date Assigned:	11/18/2015	Date of Injury:	03/29/2012
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/12/2015

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: 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 56 year old female, who sustained an industrial injury on 3-29-12. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis unspecified; sprain of unspecified site of shoulder and upper arm; displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included status post medial branch blocks L3, L4 and L5 (7-27-15); left shoulder injections (5-27-15; 9-29-15); medications. Currently, the PR-2 notes dated 9-29-15 indicated the injured worker returns to the office for a follow-up re-evaluation. She was last seen in this office on 8-26-15. She reports low back pain persists and the provider notes it remains axial in nature occasionally radiating down to her right posterior thigh. She reports her pain is often aggravated when she attempts to straighten or extend her lower back. The provider documents "her pain today if rated at from 0 to 10 as 8 in intensity. Her pain appears to be facet generated having undergone a very successful lumbar median branch block at bilateral L3, L4 and L5 on 7-27-15. She reported at least 50 to 60% pain relief of her axial and low back pain with improved mobility." The provider notes she has been evaluated by several orthopedic surgeons who recommend surgical intervention in the form of a fusion versus laminectomy-decompression. A recent orthopedic consult recommended an updated lumbar spine MRI and this was completed on 6-16-15 revealing "abnormalities including a 3.3mm disc herniation with facet arthropathy and bilateral neural foraminal narrowing and contact of the bilateral L4 exiting nerve roots." An EMG-NCV study was then done on 7-24-15 noting "radicular symptoms". She also report left shoulder pain aggravated by overhead activity. She reports left shoulder pain with brushing her hair or teeth and dressing. She is requesting a corticosteroid injection to the left shoulder and reports the last one on

5-27-15 provided good results of 4-5 weeks of benefit. She is currently taking Norco 10-325mg 3 times a day along with Anaprox DS and Prilosec. She reports her sleep is poor due to pain and spasms across her low back. Norco in combination with Anaprox provides 30-50% benefit. She has noticed her functional level has decreased. She is also prescribed: Flexeril, Ambien, Lidoderm and medical marijuana. On physical examination the provider documents "There is significant pain with extension of the lumbar spine. He does not document an examination of the left shoulder. However, he administered a left shoulder corticosteroid injection into the lateral subacromial bursa on this date. His treatment plan includes a refill of medications; follow up with consulting orthopedic specialists and a MRI of the left shoulder as the injured worker has consistently responded to the shoulder injections "confirming the pain is emanating from the left shoulder joint". A Request for Authorization is dated 10-26-15. A Utilization Review letter is dated 10-19-15 and non-certification for MRI of the left shoulder. A request for authorization has been received for MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: The requested MRI left shoulder, is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has left shoulder pain with brushing her hair or teeth and dressing. She is requesting a corticosteroid injection to the left shoulder and reports the last one on 5-27-15 provided good results of 4-5 weeks of benefit. On physical examination the provider documents "There is significant pain with extension of the lumbar spine. He does not document an examination of the left shoulder. However, he administered a left shoulder corticosteroid injection into the lateral subacromial bursa on this date. His treatment plan includes a refill of medications; follow up with consulting orthopedic specialists and a MRI of the left shoulder as the injured worker has consistently responded to the shoulder injections "confirming the pain is emanating from the left shoulder joint". The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI left shoulder is not medically necessary.