

Case Number:	CM15-0034943		
Date Assigned:	03/03/2015	Date of Injury:	08/28/2014
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 8/28/2014. She has reported a physical attack with injury to back and upper extremity, as well as psychological stress. The diagnoses have included lumbar sprain, bilateral shoulder strain, and left SI joint sprain, depressions and anxiety. Treatment to date has included medication therapy, physical therapy and chiropractic therapy. Currently, the Injured Worker complains of pain with radiation to bilateral lower extremities right greater than left. The physical examination from 1/29/15 documented positive impingement signs and decreased Active Range of Motion (AROM). There was positive tenderness to right arm and left sacroiliac joint with spasms and guarding noted. The plan of care included lumbar spine Magnetic Resonance Imaging (MRI), ultrasound of bilateral shoulders, chiropractic therapy and work restrictions. On 2/16/2015 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) of lumbar spine, an ultrasound of bilateral shoulders, twelve (12) additional chiropractic visits, and Anaprox DS 550mg #60. The MTUS, ACOEM, and ODG Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) of lumbar spine, an ultrasound of bilateral shoulders, twelve (12) additional chiropractic visits, and Anaprox DS 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

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

Decision rationale: The request for lumbar MRI is medically unnecessary. An MRI of lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient did not have any documented specific nerve deficits on exam. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. Therefore, the request for lumbar MRI is medically unnecessary.

1 ultrasound of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder, Ultrasound.

Decision rationale: The request is considered not medically necessary. The patient complained of right shoulder pain. Documentation showed strong motor of bilateral shoulders. The request is for ultrasound of bilateral shoulders. According to ODG guidelines, ultrasound can be accurate for diagnosing rotator cuff tears which may be indicated for the right shoulder if symptoms did not improve. However, bilateral shoulder imaging is not necessary. Therefore, the request is considered not medically necessary.