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| Case Number: | CM15-0044758 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 09/08/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who sustained an industrial injury on 9/8/10 when while walking he fell forward, bracing with his hands and ended up on his knees with immediate neck and back pain. He recently fell striking his head the result of balance dysfunction. He drags his left leg. He has intermittent jerking of his bilateral lower extremities. He currently complains of neck pain radiating to the upper extremities and intermittent numbness in his hands bilaterally; low back pain and right shoulder pain that began after recent fall. Medications include Prilosec, Norco, Flexaril, Ambien. Diagnoses include status post removal of lumbar hardware (7/1/14); status post anterior cervical discectomy and fusion C6-7 (12/13/12); status post anterior cervical discectomy and fusion C4-5 and C5-6 (10/4/11); status post L5-S1 transforaminal lumbar interbody fusion (8/23/12); possible psuedoarthrosis at C6-7; cervical myelopathy. Treatments to date include medications. Diagnostics include x-ray of the cervical spine revealing instrumented C6-7 fusion (no date available); electrodiagnostic study of the right lower extremity did not reveal evidence of peripheral neuropathy or lumbar rdaiculopathy11/13/13; MRI cervical spine (12/16/14) x-rays and computed tomography of the neck and low back and he was diagnosed with a strain; MRI of lumbar, thoracic and cervical spine (8/10/11). In the progress note dated 1/26/15 the treating provider requested an MRI of the right shoulder which is becoming more symptomatic and is needed to assess for internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: ACOEM cautions that relying predominantly on imaging to evaluate the source of shoulder pathology carries a risk of false positive findings. The records in this case do not clearly provide a rationale and differential diagnosis or clinical reasoning to support the requested procedure. Therefore, this request is not medically necessary.