

Case Number:	CM15-0048556		
Date Assigned:	03/20/2015	Date of Injury:	08/29/2014
Decision Date:	05/04/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male, who sustained an industrial injury on 8/29/2014. The current diagnoses are lumbosacral stenosis, lumbosacral radiculopathy, lumbar disc displacement, lumbar sprain/strain, right shoulder rotator cuff injury, right shoulder strain, possible neuropathy, myofascial pain syndrome, and possible cervical radiculopathy. According to the progress report dated 2/3/2015, the injured worker complains of constant low back pain with radiation to the hips associated with a numbness sensation in the right lower extremity. The pain is described as aching. The pain is rated 7/10 on a subjective pain scale. Additionally, he reports intermittent right shoulder pain with radiation to the right arm, hand, and wrist. He reports a numbness and tingling sensation. The pain is described as burning and rated 7/10. Treatment to date has included medication management. The plan of care includes MRI of the right shoulder, lumbar and thoracic spine, EMG of the upper/lower extremity, cortisone injection to the right shoulder, acupuncture, physical therapy, Tylenol #3, and Mobic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. I respectfully disagree with the UR physician, the injured worker presents with numbness in the lower extremity which is a neurologic finding warranting MRI. The request is medically necessary.

MRI of Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Magnetic Resonance Imaging.

Decision rationale: The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) The documentation submitted for review does not include normal radiograph or evidence of suspected rotator cuff tear/impingement, or instability/labral tear. As such, the request is not medically necessary.