

Case Number:	CM15-0062178		
Date Assigned:	04/08/2015	Date of Injury:	03/16/2006
Decision Date:	05/08/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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:

This 59 year old man sustained an industrial injury on 3/16/2006 due to cumulative trauma. Evaluations include lumbosacral spine x-rays. Diagnoses include lumbosacral sprain/strain with right sciatica, lumbar spine degenerative disc disease, degenerative joint disease, left shoulder sprain/strain, and depression and anxiety. Treatment has included oral medications, surgical intervention, and injections. Physician notes dated 3/4/2015 show complaints of left shoulder pain rated 1-2/10, lumbar spine pain rated 8/10, and right knee pain rated 2-3/10. Exam of lumbar spine has tenderness diffusely along lumbosacral paraspinals until buttocks with decreased range of motion and positive bilateral straight leg raise.. Exam documented is left shoulder tenderness along AC joint, positive impingement sign and decreased range of motion. An MRI of lumbar spine was reportedly done on 9/11/12 and MRI of shoulder was done on in the past but date and results of these studies were not provided for review. Recommendations include lumbar spine MRI, left shoulder MRI, possible left knee fluid aspiration in the future, and follow up after MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no recent neurological exam. There is no plan for surgery. No basic imaging reports were provided and patient had prior imaging already done. There is no documentation of any conservative care. Symptoms appear chronic and imaging was requested by patient's new physician. MRI of left shoulder is not medically necessary.

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG for low back regarding MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. Patient has had an MRI already and results were not reported. There is no justification documented for why MRI of lumbar spine was needed for chronic stable condition except that the provider is seeing patient for the first time. MRI of lumbar spine is not medically necessary.