

<b>Case Number:</b>	CM14-0012891		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	01/31/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old male with date of injury 01/14/2013. According to the doctor's first report dated 01/31/2013, the patient was carrying a work order when a coworker operating a forklift threw some material he was transporting. The patient made a sudden move in order to avoid getting hit and felt a sharp pain and discomfort in his low back and waist which radiated throughout his body. At that time he was diagnosed with a lumbar strain with likely herniated nucleus pulposus with right radiculitis. He has been treated by the orthopedist [REDACTED] solely for a lumbar strain until 10/24/2013. On that date [REDACTED] added the following diagnoses: 1. Rule out cervical spine herniated nucleus pulposus, with resultant headaches; 2. Thoracic spine strain; 3. Rule out bilateral shoulder internal derangement; 5. Lumbar strain, with likely herniated nucleus pulposus with slight radiculitis; 6. Bilateral knee strain; 7. Sleep disturbance, secondary to pain; 8. Psychiatric complaints of depression and anxiety; 9. Gastrointestinal complaints; 10. Chest pain with shortness of breath; 11. Sexual dysfunction; 12. Psoriasis; 13. Hypertension. There is no documentation in the medical record that the patient sustained any new or further injury other than that reported on 01/14/2013. There was concern only for the lumbar spine up to 10/24/2013. Documentation is lacking for any additional shoulder injury, in particular. The patient has been undergoing conservative treatment for his low back strain which has included, for the most part, aqua therapy, shock therapy, and medication. He reports minimal improvement in his low back symptoms or his right leg pain. An MRI of the lumbar was obtained early in the claim which showed disc desiccation at L4-5 with a 4 mm central posterior disc protrusion indenting the anterior aspect of the thecal sac and a 2 mm central posterior disc protrusion at L5-S1 which is not causing any deformity of the thecal sac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT MRI left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 561-563.

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

**Decision rationale:** The ACOEM Guidelines indicate primary criteria for ordering imaging studies are: (1) Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); (2) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); (3) Failure to progress in a strengthening program intended to avoid surgery; and (4) Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Documentation of any of the above criteria is not present in the medical record. Urgent MRI of right shoulder is not certified.

**URGENT MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 561-563.

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

**Decision rationale:** The ACOEM Guidelines indicate primary criteria for ordering imaging studies are: (1) Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); (2) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); (3) Failure to progress in a strengthening program intended to avoid surgery; and (4) Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Documentation of any of the above criteria is not present in the medical record. Urgent MRI of right shoulder is not certified.