

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0161497 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 01/09/1999 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/16/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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 claimant is a 57 year old male who sustained a vocational injury on 01/09/99. The office note dated 09/03/14 noted that the claimant complained of constant pain in his low back that was aggravated by bending, lifting, pushing, pulling, prolonged sitting, prolonged standing, and forward reaching. The pain was described as sharp. There was radiation to the lower extremities. The claimant was noted to have an intact gait. On exam there was paravertebral muscle tenderness with spasm. The seated nerve root test was positive. Standing flexion and extension were guarded and restricted. There is no clinical evidence of instability. Coordination and balance were intact. Tingling and numbing in the lateral thigh, anterolateral leg and foot and an L5 dermatomal pattern. There was full strength in the extensor hallucis longus and an L4 inverted muscle. The claimant was given a diagnosis of lumbosacral neuritis. pain in the left, greater than right. The claimant also complained of constant pain in the left, greater than right shoulder, aggravated by reaching, lifting, pushing, pulling, working at or above the shoulder level. This pain was noted to be worsening. On exam there was tenderness around the anterior glenohumeral region of the subacromial joint space. The Hawkin's for impingement test was positive and the rotator cuff is functioning and intact, albeit painful. There was reproducible symptomatology with internal rotation and forward flexion. There was no clinical evidence of instability. The current request is for an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: MRI.

Decision rationale: The California ACOEM Guidelines and the Official Disability Guidelines recommend that an MRI of the low back should be considered in the setting of trauma, low back pain with radiculopathy after at least one month conservative therapy or sooner if there is severe progressive neurologic deficits, in a setting of a prior lumbar surgery or concerns of quad equina syndrome or in any setting of myelopathy. Currently, there is no documentation that the claimant has had plain radiographs which are considered first-line diagnostic study of choice prior to considering further diagnostic testing. There are minimal suggestions of radiculopathy with subjective complaints and abnormal physical exam objective findings; however, there has been no documentation of conservative treatment to the lumbar spine which is recommended for at least one month prior to considering MRI. Therefore, based on the documentation presented for review and in the absence of "red flags", the request for the MRI of the lumbar spine cannot be considered medically necessary based on California ACOEM and Official Disability Guidelines.

One MRI of left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: MRI.

Decision rationale: In regards to the request for the MRI of the left shoulder, California ACOEM and Official Disability Guidelines noted that in most patients with shoulder problems special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Once "red flag" conditions are ruled out, conservative treatment should be sought, prior to considering further diagnostic testing. Official Disability Guidelines specifically note the MRI may be appropriate if there is acute shoulder trauma and there is suspicion of rotator cuff tear if the claimant is greater than 40 years of age and there are normal radiographs. In the setting of sub-acute shoulder pain with suspicions of instability, labral tear or rotator cuff tears. Currently there is no documentation stating that the claimant has attempted, failed and exhausted traditional first-line conservative treatment options for a minimum period of four to six weeks prior to considering diagnostic study in the form of an MRI. There is no documentation that the claimant has undergone a plain radiograph which is considered first-line diagnostic study of choice prior to considering an MRI. Therefore, based on the documentation presented for review and in accordance with California ACOEM Guidelines

and Official Disability Guidelines, the request for the MRI of the left shoulder cannot be considered medically necessary.