

<b>Case Number:</b>	CM14-0162030		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/06/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 36-year-old female with a date of injury of 12/06/2013. The listed diagnoses per [REDACTED] are: 1. Shoulder impingement. 2. Right lumbar radiculopathy. According to progress report 08/26/2014, the injured worker presents with low back and right periscapular pain. Examination of the right shoulder revealed positive Hawkins' and Neer's test. Examination of the low back revealed positive straight leg raise on the right. Progress report 06/28/2014 documents the exact same subjective and objective findings as reports from 08/26/2014. The treating physician is requesting an MRI of the lumbar spine and right shoulder. Utilization review denied the request on 09/19/2014. Treatment reports from 05/26/2014 through 08/26/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (Magnetic Resonance Imaging)

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

**Decision rationale:** This injured worker presents with continued right periscapular and low back pain. The treating physician is requesting an MRI of the lumbar spine. Utilization review denied the request stating that MRI is not substantiated at this time as the injured worker has received 12 sessions of chiropractic care, which provided some improvement. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG under its low back chapter, recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Review of the medical file does not indicate that the injured worker has had an MRI. Given the injured worker's lumbar radiculopathy and positive straight leg raise, the request for Magnetic Resonance Imaging (MRI) of the Lumbar Spine is medically necessary.

**Magnetic Resonance Imaging (MRI) of the Right Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (Magnetic Resonance Imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** This injured worker presents with right parascapular pain and low back pain. The treating physician is requesting a right shoulder MRI. Utilization review denied the request stating that MRI cannot be considered when the injured worker has a "suboptimal response to conservative intervention." ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." The progress reports provided for review do not discuss previous MRI of the shoulder. Review of the medical file does not indicate the injured worker has yet had an MRI of the right shoulder. This injured worker has continued right shoulder pain with restrictive range of motion on all planes and positive Hawkins' and Neer's tests on the right. Given such, an MRI of the right shoulder for further investigation is within guidelines. The request for Magnetic Resonance Imaging (MRI) of the Right Shoulder is medically necessary.