

Case Number:	CM14-0092995		
Date Assigned:	07/25/2014	Date of Injury:	06/13/2012
Decision Date:	10/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in Texas and Ohio. 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 51-year-old female with a reported date of injury on 06/13/2012. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post right shoulder surgery, cervical myofascial pain with cervicogenic headache, and lumbar radiculopathy secondary to protrusion L3-4 and L4-5. Her previous treatments were noted to include stretching, physical therapy, home exercises, cold, heat, activity modification, and medications. The progress note dated 05/13/2014 revealed complaints of persistent right hip pain and thoracolumbar pain that radiated to the right hip and buttock area. The injured worker indicated she had completed physical therapy to the right shoulder, unfortunately, she remained symptomatic with limited range of motion. The injured worker indicated she had had epidural injections for the lumbar spine, but they had not been particularly helpful. The physical examination of the right shoulder revealed abduction was to 80 degrees, forward flexion to 90 degrees, external rotation was to 70 degrees, and the impingement signs were slightly positive. The physical examination of the thoracolumbar spine revealed diffuse tenderness, the injured worker was unable to forward bend beyond 30 degrees and the straight leg raise test was positive on the right side. The neurological examination of the lower extremities revealed grossly normal motor strength and intact sensation, as well as symmetric deep tendon reflexes. The Request for Authorization form was not submitted within the medical records. The request was for MRI of the right shoulder and lumbar spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for MRI of the right shoulder is not medically necessary. The injured worker complains of right hip and thoracolumbar pain that radiates down her right hip and buttock area. The CA MTUS/ACOEM Guidelines state routine testing and more specialized imaging studies are not recommended during the first month to 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. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function, in older workers, these tears are typically treated conservatory at first. Partial thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging findings. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The guidelines state an MRI can be used to identify and define a rotator cuff tear, recurrent dislocation, tumor, or infection. The documentation provided indicated a decreased range of motion to the right shoulder with positive impingement. There is a lack of documentation regarding evidence of severe and/or progressive neurologic deterioration has not been submitted within the medical records. Therefore, the MRI of the shoulder is not medically necessary.

MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of the lumbar spine is not medically necessary. The injured worker complained of thoracolumbar pain that radiated down her right hip and buttock. The CA MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such a disc bulges, that are not the source of painful symptoms

and do not warrant surgery. The physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with the consultant the selection of an imaging test to define a potential cause such as an MRI for neurological deficits. The guidelines state an MRI can be used to identify and define a disc protrusion, cauda equina syndrome, spinal stenosis, and postlaminectomy syndrome. There is a lack of neurological deficits such as decreased motor strength or sensation in a specific dermatomal distribution. There is a lack of documentation regarding severe and/or progressive neurologic deterioration to warrant a repeat MRI. Therefore, the request is not medically necessary.