

Case Number:	CM14-0093998		
Date Assigned:	07/25/2014	Date of Injury:	02/07/2014
Decision Date:	09/17/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/20/2014

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 & Rehabilitation and is licensed to practice in California and Texas. 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:

Medical Records reflect the claimant is a 59 year old female who sustained a work related injury on 2-7-14. The claimant reported pain to the lumbar spine and left shoulder. The claimant was been treated with medications and activity modification. Office visit from 6-25-14 notes the claimant has pain to the low back and left shoulder. No radiating pain noted. The claimant was returned to work with restrictions and recommended to start 6 sessions of physical therapy. There is a request for MRI of the left shoulder and 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:

Magnetic resonance imaging of the left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207 and 208.

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, MRIs.

Decision rationale: ACOEM Practice Guidelines Premium online edition notes that MRI is recommended for patients suspected of having acute, clinically significant rotator cuff tears. It is also recommended for select patients with subacute or chronic shoulder pain thought to

potentially have a symptomatic rotator cuff tear. Medical Records reflect this claimant reports pain. There is no documentation of radiation pain or suspicion that she has a rotator cuff pathology. Her physical exam does not indicate any findings to concern for a rotator cuff pathology or labral tear. Therefore, based on the records provided, the request for MRI of the left shoulder is not established as medically necessary.

Magnetic resonance imaging of the lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290 and 303-304, Chronic Pain Treatment Guidelines Chronic Pain medical Treatment Guidelines: MRI Lumbar Spine.

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, Lumbar & Thoracic, MRI.

Decision rationale: ACOEM Guidelines reflect that MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Medical Records reflect the claimant has low back pain. There is an absence in documentation noting that this claimant has radicular findings to suspect a nerve root compression or that she had any red flags on exam. Additionally, this claimant has not completed conservative treatment in order to support an MRI at this juncture. Therefore, the medical necessity of this request is not established.