Case Number:	CM14-0217878		
Date Assigned:	01/07/2015	**Date of Injury:**	06/04/2013
Decision Date:	03/06/2015	**UR Denial Date:**	12/11/2014
Priority:	Standard	**Application Received:**	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36 year old male was injured 6/4/13 sustaining low back pain, more left sided, resulting from lifting heavy boxes at work. He also complained of left shoulder pain with radiation into the arm with numbness and tingling. MRI (undated) demonstrated disc herniation at L2-3, 4mm; L3-4, 5 mm, with central and foraminal stenosis in the left side; L4-5, 3mm and L5-S1, 3-4. On physical exam there was tenderness in the lumbar paraspinals with limited range of motion. There was diminished sensation left L4 and L5 nerve roots. Electromyography (EMG) and nerve conduction studies (NCS) (11/1/13) were abnormal demonstrating L4 nerve root irritation on the left side and no electrophysiological evidence of entrapment neuropathy on the left tibial nerve. On 1/3/14 he underwent left translaminar epidural at L3-4; lumbar epidurography with radiographic interpretation for pain relief. Treatments included 6 chiropractic visits with good improvement but continued to complain of constant low back pain with burning, numbness, tingling in the left leg. Documentation from 7/26/13 indicated that physical therapy was ordered but there is no record of number of visits or results of therapy. His medications include Vicodin, loratadine, potassium, losartan, atenolol, Norco, metformin, omeprazole, cyclobenzaprine, atorvastatin and fluticasone. MRI of the left shoulder (6/4/14) type I-II acromion with lateral down sloping; cervical MRI (6/4/14) 2-3 mm disc herniation C6-7, 4-5 mm central, left central and foraminal disc osteophyte complex and 3-4 mm central, left central disc protrusion C4-5 contributing to central spinal canal stenosis and moderate to large disc herniation at C5-6 level; EMG/NCS (6/4/14) of the upper extremities were normal. He had a cortisone injection into left shoulder 7/24/14 that was not successful in alleviating pain. In addition he continued with low

radiating back and cervical pain with radiation and numbness. At this point shoulder arthroscopy was recommended as conservative measures have failed to offer relief of pain. MRI (10/29/14) demonstrated mild form of a Type 3 acromion. The MRI needed to be repeated to capture the appropriate areas that remain painful. Surgery was scheduled for 12/15/14. The injured worker had continued left shoulder pain in the sternal clavicular joint and medial clavicle. His pain level was 9/10. He demonstrated limited range of motion of the left shoulder with tenderness over the medial clavicle and sternal clavicular joint and biceps tendon. There was positive impingement signs and minimal tenderness over the acromioclavicular joint. His diagnoses included chronic cervicothoracic strain; left shoulder impingement syndrome; left shoulder tendinitis with possible rotator cuff tear; lumbar disc herniation L4-5 and L5-S1 with foraminal narrowing; lumbar disc herniation with left foraminal narrowingL2-3 and L3-4 and mild to moderate disc herniation with spinal stenosis C4-5; diabetes; hypertension. The injured worker remains off work. On 12/11/14 Utilization Review (UR) non-certified the request for MRI of the left clavicle region and sternoclavicular joint based on no documentation of routine radiograph of the shoulder; no list of conservative treatments provided to date, aside from cortisone injection and physical therapy although the date is not given. There is insufficient information provided to establish the medical necessity of the request. Guidelines referenced were ACOEM: Shoulder Complaints and ODG Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT CLAVICLE REGION AND STERNOCLAVICULAR JOINT:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG,Magnetic resonance imaging

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

Decision rationale: According to the 12/04/14 orthopedic report, the patient continues to have left shoulder pain at the sternal clavicular joint and medial clavicle. He will have the preoperative surgical clearance evaluation on 12/08/14. The patient did receive an MRI of the left shoulder, but it did not image the clavicle or the sternal clavicular joint as requested. The surgeon requests an MRI of the appropriate area. ACOEM Practice Guidelines, 2nd Edition 2004, Shoulder Complaints Ch.9 Special Studies and Diagnostic and Treatment Considerations, pg 207- 209 states primary criteria for ordering imaging studies include: Clarification of the anatomy prior to an invasive procedure. The surgeon is planning a left shoulder surgery and the prior MRI did not cover the area he requested. The request for the left shoulder MRI is in accordance with ACOEM guidelines. The request for MRI of the left clavicle region and sternoclavicular joint IS medically necessary.