

<b>Case Number:</b>	CM14-0218873		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/20/2002
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Arizona

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:

The injured worker is a 58 year old male, who sustained an industrial injury on December 20, 2002. The diagnoses have included rotator cuff tear and left shoulder osteoarthritis and neuropathy. Treatment to date has included post-operative physical therapy and a home exercise program. The latest clinical note submitted for this review is a Primary Treating Physician's Progress Report dated 09/08/2014. The injured worker presented for a followup evaluation. The injured worker reported an improvement in symptoms with regard to the shoulder. Upon examination there was 150 degree forward flexion with little to no pain and good strength. The injured worker was encouraged to continue with the home exercise program and was noted to be permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, if physiologic evidence indicates tissues insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. There was no documentation of a physical examination of the lumbar spine. There is no mention of an attempt at any conservative treatment for the lumbar spine. As the medical necessity has not been established, the request is not medically appropriate in this case.