

Case Number:	CM15-0011318		
Date Assigned:	01/28/2015	Date of Injury:	10/12/2010
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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 57 year old female sustained an industrial injury on 10/12/10, with subsequent ongoing low back and right shoulder pain. Treatment included acupuncture, one cortisone injection and medications. In a PR-2 dated 12/4/14, the injured worker complained of worsening right shoulder and low back pain 8/10 on the visual analog scale. Physical exam was remarkable for right shoulder with reduced range of motion, tenderness to palpation to the acromioclavicular joint, positive Neer's and Hawkin's tests and tenderness to palpation with spasms to the lumbar spine with decreased range of motion. The physician diagnosed right and left shoulder impingement and lumbar spine discopathy. The physician noted that a recent QME had recommended reevaluation with bilateral shoulder and lumbar spine magnetic resonance imaging because the last radiologic studies were done in 2012. Work status was modified. The treatment plan included obtaining magnetic resonance imaging of bilateral shoulders and lumbar spine and a prescription for Tramadol and Naproxen Sodium. On 12/24/14, Utilization Review noncertified a request for magnetic resonance imaging of the lumbar spine and magnetic resonance imaging of the right shoulder noting lack of documentation indicated that the injured worker failed a trial of conservative treatment prior to proceeding to diagnostic studies as well as lack of objective findings of neurologic compromise of the lumbar spine and citing ACOEM and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI)

Decision rationale: Based on the 12/04/14 progress report provided by treating physician, the patient presents with bilateral shoulder pain rated 8/10. The request is for MRI OF THE RIGHT SHOULDER. Patient's diagnosis on 12/04/14 included right and left shoulder impingement and lumbar spine discopathy. Patient's medications include Naproxen and Tramadol. The patient may return to modified work. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging" Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)"Treater states in progress report dated 12/04/14 that recent QME recommended bilateral shoulder and lumbar spine MRIs, since imaging studies were done on 02/13/12. However, ODG does not recommend routine repeat MRI of the shoulder unless there is a significant change in symptoms or findings suggestive of significant pathology, which treater has not discussed. Therefore, the request IS NOT medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: Based on the 12/04/14 progress report provided by treating physician, the patient presents with low back pain rated 8/10. The request is for MRI OF THE LUMBAR SPINE. Patient's diagnosis on 12/04/14 included right and left shoulder impingement and lumbar spine discopathy. Patient's medications include Naproxen and Tramadol. The patient may return to modified work. ACOEM Guidelines, chapter 8, page 177 and 178, state "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." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are

recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "RepeatMRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Treater states in progress report dated 12/04/14 that recent QME recommended bilateral shoulder and lumbar spine MRIs, since imaging studies were done on 02/13/12. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.