

Case Number:	CM15-0116138		
Date Assigned:	06/24/2015	Date of Injury:	10/12/2004
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 56 year old male patient, who sustained an industrial injury on 10/12/2004. The diagnoses have included low back pain and cervicgia. He sustained the injury due to a fall backward , striking the right shoulder. Per the provider visit dated 05/26/2015 he had complaints of low back pain and down his leg weakness. The physical examination tenderness in the left quadratus lumborum along his spine and down into the gluteal musculature, paresthesia down into his leg, reflexes on left leg absent into the patella and 2+ in the ankle. Symptoms were noted as a recurrence of the radiculopathic symptoms into his leg and weakness with current spasm in the paraspinous region; the right shoulder decreased range of motion. The medications list includes clonazepam, norco, oxycontin, cymbalta, gabapentin and lidoderm. He has had lumbar spine MRI dated 6/12/2015. He has undergone cervical fusion surgery on 6/24/2008, irrigation and debridement on 7/23/2008, lumbar surgery on 11/17/2009 and T12-L1 fusion at 5/8/2012. Treatment to date has included medication. He is noted not to be working. The provider requested right shoulder MRI for evidence of exacerbation of previous structural abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: MRI (magnetic resonance imaging) Right Shoulder. According to ACOEM guidelines cited below, for most patients, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." Physiologic evidence of significant tissue insult or neurovascular dysfunction are not specified in the records provided. Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or possible cervical cord compromise. Response to a recent course of conservative therapy including physical therapy for the right shoulder is not specified in the records provided. A recent right shoulder X-ray report is also not specified in the records provided. Previous diagnostic study reports for the right shoulder since the date of injury in 2004 is not specified in the records provided. The medical necessity of MRI (magnetic resonance imaging) Right Shoulder is not established for this patient.