

Case Number:	CM15-0123008		
Date Assigned:	07/07/2015	Date of Injury:	02/29/2012
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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 65 year old female patient who sustained an industrial injury on 2/29/12. She subsequently reported back pain. Diagnoses include rotator cuff sprain, lumbosacral spondylosis, derangement of medial meniscus and bicipital tenosynovitis. Per the doctor's note dated 6/03/2015, she had complaints of low back, bilateral shoulder, bilateral wrist and left knee pain. The low back pain was radiates down to bilateral lower extremities. Physical examination revealed bilateral shoulders, tenderness to palpation and reduced ranges of motion to the bilateral shoulders, negative drop arm test and 5/5 strength; bilateral wrists, tenderness to palpation and reduced ranges of motion, slight weak grasp on the left, positive Cubital Tinel's testing on the left; lumbar spine, tenderness, spasm, decreased range of motion, gait with a moderate limp on the left with toe and heel walking intact; left knee, tenderness, effusion and decreased range of motion. The medications list includes ibuprofen. Patient has history of depression and anxiety. She has had right shoulder MRI on 12/18/2013 which revealed signs of tendinosis; left shoulder MRI dated 3/16/2012 which revealed rotator cuff tear; EMG/NCS of bilateral upper and lower extremities dated 6/13/2014 which revealed left L5 radiculopathy and bilateral cubital and carpal tunnel syndrome; lumbar spine X-rays dated 4/22/14 which revealed degenerative changes. Prior MRI reports were not specified in the records provided. She has undergone left shoulder arthroscopic surgery on 3/30/2012; left knee surgery in 1989. She has had acupuncture, chiropractic and physical therapy visits for this injury. A request for Single positional MRI (Magnetic Resonance Imaging) for the left shoulder, Single positional MRI (Magnetic Resonance Imaging) for the right shoulder, Single positional MRI (Magnetic Resonance

Imaging) for the lumbar spine and one initial evaluation with specialist for behavioral pain management with 5 follow up visits was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single positional MRI (Magnetic Resonance Imaging) for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Magnetic Resonance Imaging (MRI), (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 08/06/15).

Decision rationale: 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)." She has had right shoulder MRI on 12/18/2013 which revealed signs of tendinosis; left shoulder MRI dated 3/16/2012 which revealed rotator cuff tear. Prior MRI reports were not specified in the records provided. Per the ODG guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Any change in the patient's condition since the last MRI, that would require a repeat study, is 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. The records provided do not indicate that surgical interventions are being considered. Response to prior conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent left shoulder X-ray report is not specified in the records provided. The request for Single positional MRI (Magnetic Resonance Imaging) for the left shoulder is not medically necessary or established for this patient.

Single positional MRI (Magnetic Resonance Imaging) for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic): Magnetic Resonance Imaging (MRI), (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 08/06/15).

Decision rationale: 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)." She has had right shoulder MRI on 12/18/2013 which revealed signs of tendinosis. Prior MRI reports were not specified in the records provided. Per the ODG guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Any change in the patient's condition since the last MRI, that would require a repeat study, is 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. The records provided do not indicate that surgical interventions are being considered. Response to prior conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. A recent right shoulder X-ray report is not specified in the records provided. The request for Single positional MRI (Magnetic Resonance Imaging) for the right shoulder is not medically necessary or established for this patient.

Single positional MRI (Magnetic Resonance Imaging) for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic): Magnetic Resonance Imaging (MRI), (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the ACOEM low back guidelines cited below "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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for

neural or other soft tissue, computer tomography [CT] for bony structures)." Per the records provided patient had chronic low back pain with radiculopathy. Patient had significant objective findings on the physical examination tenderness, spasm and decreased range of motion. She has had EMG/NCS of bilateral upper and lower extremities dated 6/13/2014 which revealed left L5 radiculopathy, lumbar spine X-rays dated 4/22/14 which revealed degenerative changes. She has already tried conservative therapy including physical therapy, chiropractic care for this injury. The request of Single positional MRI (Magnetic Resonance Imaging) for the lumbar spine is medically appropriate and necessary for this patient at this juncture.

One initial evaluation with specialist for behavioral pain management with 5 follow up visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 04/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". Per the records provided patient had chronic pain in multiple body parts with history of depression and anxiety. She has already had treatment with NSAID and physical therapy, chiropractic therapy and acupuncture. Therefore evaluation with a specialist for behavioral pain management is medically appropriate and necessary. The request for One initial evaluation with specialist for behavioral pain management with 5 follow up visits is deemed medically appropriate and necessary for this patient at this juncture.