

Case Number:	CM15-0125908		
Date Assigned:	07/06/2015	Date of Injury:	11/18/2010
Decision Date:	08/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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:

The injured worker is a 51 year old male who sustained a work related injury November 18, 2010, after being struck on the driver's side of his van by a train. He complained of low back pain, was treated with medication and physical therapy, and underwent x-rays. According to a primary treating physician's progress report May 18, 2015, the injured worker presented with continuous low back pain with radiation down the left leg to the toes. Objective findings are documented as tenderness over the left sciatic notch. Electrodiagnostic studies, January 2014, consistent with bilateral carpal tunnel syndrome. Diagnoses are musculoligamentous sprain lumbar spine with left lower extremity radiculitis; disc bulges L2-3 (4.5 mm) L4-5(6.5 mm) L3-4 (1.2 mm) L5-S1 (3-4 mm)/MRI 1/6/11 and disc bulges L2-L3 (6-7 mm), L3-4 (3 mm), L4-5 (6 mm)L5-S1 (5mm)/MRI 6/24/11; left L6 radiculopathy; left shoulder rotator cuff tendinitis. Treatment plan included to continue with medication, discussion of qualified medical evaluation, and at issue, a request for authorization for an MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left 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.

Decision rationale: This patient receives treatment for chronic low back pain. The medical diagnoses include lumbar sprain with radiation to the L lower extremity, bilateral CTS, lumbar disc disease, and L shoulder rotator cuff tendinitis. This review addresses a request for an MRI of the L shoulder. The documentation states that the patient ambulates with the help of a cane on the left side. A medical examiner believes that the L shoulder symptoms are from the use of the cane. Physical therapy has not eliminated the pain in the L shoulder. The treatment guidelines state that a shoulder MRI may be medically indicated to study a shoulder joint lesion when surgery is planned. There is no such documentation. A shoulder MRI is not medically necessary.