

Case Number:	CM15-0064318		
Date Assigned:	04/10/2015	Date of Injury:	10/25/2013
Decision Date:	05/14/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 57-year-old male patient who sustained an industrial injury on 10/25/2013. The patient underwent right shoulder arthroscopy on 10/27/2014. He did attend physical therapy post-operatively. A primary treating office visit dated 12/10/2014 reported chief complaint of low back and right shoulder pain, right arm and right hand. The pain is described as an aching, burning pain rated a 7-8 out of 10 in intensity. He takes Hydrocodone and reports physical therapy as helping with the pain. He is diagnosed with status post right subacromial decompression and Mumford procedure; left shoulder strain; thoracolumbar strain, and right elbow contusion/laceration. The plan of care involved: referral for post-operative therapy, no medication prescribed. He is to remain temporarily totally disabled and return for follow up in 6 weeks.

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): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 53.

Decision rationale: Guidelines recommend imaging in patients with objective findings of nerve compromise who do not respond to treatment and who are candidates for surgery. In this case, the patient shows no objective findings of nerve compromise and the neurological examination did not indicate pathology, so a 3 month trial of conservative treatment should be considered. In addition, there is no documentation of conservative treatment. The request for MRI lumbar spine is not medically necessary and appropriate.

Re-evaluation in 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: Guidelines recommend follow up visits depending on medical necessity and to reevaluate after a period of time of conservative treatment has passed. In this case, there is no course of treatment specified which is in need of re-evaluation. The request for one re-evaluation in 6 weeks is not medically appropriate and necessary.