

Case Number:	CM15-0077542		
Date Assigned:	04/29/2015	Date of Injury:	12/16/2010
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 51 year old male, who sustained an industrial injury on 12/16/10. He reported pain in his right shoulder and low back. The injured worker was diagnosed as having lumbar stenosis, right rotator cuff tear. Treatment to date has included a lumbar MRI, a right upper extremity MRI, shoulder surgery and pain medications. As of the PR2 dated 3/23/15, the injured worker reports continued pain in the right shoulder and lower back. The treating physician noted tenderness and spasms and limited range of motion in the lumbar spine and weakness and pain in the right shoulder. The treating physician requested a right shoulder MRI arthrogram, a lumbar epidural steroid injection and a spine specialist evaluation for the lumbar spine. The injured worker saw a spine specialist on 8/19/2014 who thought he had more facet pain and documented failure of physical therapy. Progress note on 4/20/15 shows weakness in right leg extensor foot muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Arthrogram right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, 207, 208.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment options after surgery, including physical therapy. It is unclear how the injured worker progressed and or failed in his post operative physical therapy program. Furthermore, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI criteria for epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for lumbar epidural steroid injection, California MTUS cites that ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy), and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the requesting physician has identified subjective complaints and objective findings supporting a diagnosis of radiculopathy. The prior denials were due to failure to document objective findings supportive a diagnosis of radiculopathy and the most recent progress note contains new objective findings not previously documented. The MRI corroborates the subjective complaints and objective findings. A prior denial was also due to a diagnosis of stenosis. However it is possible for injured workers to have more than one diagnosis with regards to spinal pathology. Also, there is documentation that the patient has failed reasonable conservative treatment measures. As such, the currently requested lumbar epidural steroid injection is medically necessary.

Spine specialist evaluation for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, 305. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, pages 104-164 (NOT MTUS - not in PDF).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for referral to spine specialist, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. The exam appears to have changed since last time the injured worker saw the spine specialist. The prior denial was due to documentation of failure of conservative measures, however there is documentation of the injured worker going to physical therapy for this issue. There is discussion regarding any interventional treatments being sought. In light of the above issues, the currently requested referral to spine specialist is medically necessary.