

Case Number:	CM15-0095178		
Date Assigned:	05/21/2015	Date of Injury:	07/19/2013
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational 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 41 year old female who sustained an industrial injury on 7/19/13. The injured worker was diagnosed as having low back pain, lumbar radiculitis, neck pain, lumbar discogenic pain, cervical discogenic pain, cervical facet pain, left shoulder pain, myofascial pain, thoracic pain, thoracic discogenic pain, chronic pain syndrome and carpal tunnel syndrome. Currently, the injured worker was with complaints of discomfort in the neck, left shoulder and lower back. Previous treatments included epidural steroid injection and medication management. Previous diagnostic studies included a magnetic resonance imaging, electromyography and nerve conduction velocity study. The injured workers pain level was noted as 8-9/10 without medication and 3-4/10 with medication. Physical examination was notable for tenderness to the cervical and thoracic paraspinals, decreased sensation over left lateral thigh, antalgic gait noted. The plan of care was for a magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Left Shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224, Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, 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. The injured worker has pain and tenderness over the left shoulder and pain with ROM. In addition she has decreased strength and a positive drop arm test. She has been treated with medications, injections and cognitive behavioral therapy. There is no indication that the injured worker has participated in an exercise program. Medical necessity for an MRI has not been established within the medical records provided for review. The request for MRI (magnetic resonance imaging), left shoulder without contrast is not medically necessary.