

<b>Case Number:</b>	CM15-0095681		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained an industrial injury on 04/15/2014. She reported assisting a client with ambulation when the client fell backwards on top of the injured worker causing the injured worker to fall to the floor sustaining injury to the left shoulder and back. The injured worker was diagnosed as having acromioclavicular/clavicle dislocation, lumbosacral radiculopathy, shoulder impingement, and hip tendinitis/bursitis. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, multiple injections, home exercise program, laboratory studies, electrocardiogram, magnetic resonance imaging of the right shoulder on 06/30/2014, x-rays of the right shoulder, x-rays of the lumbar spine, x-rays of the left hip, x-rays of the left knee, use of a cane, physical therapy, and magnetic resonance imaging of the lumbar spine on 05/21/2014. In an Orthopedic Agreed Medical Evaluation dated 11/10/2014 the treating physician reports complaints of constant headaches, neck pain and stiffness that radiates to the right shoulder, constant mid back pain, constant lumbar spine pain that radiates to the lower extremities with numbness and tingling to the lower extremities into the feet, left hip pain that radiates to the left lower extremity into the foot with numbness and tingling to the lower extremities, and constant left knee pain with popping, clicking , and instability. The injured worker's pain level to the right shoulder and the lumbar spine is rated a 9 out of 10 and the pain level to the left knee and the neck is rated a 7 out of 10. The injured worker has difficulty with performing activities of daily living secondary to her injuries and is unable to perform household chores because of her injuries. Examination reveals tenderness to the right shoulder and pain with range of motion, tenderness to the right lateral epicondyle and pain with range of motion of the right elbow, decreased sensation at

cervical six, seven, and eight dermatomes on the right, tenderness to the spinous processes at thoracic eight through nine, pain and spasm with range of motion of the thoracic spine, antalgic gait to the left leg, tenderness and spasm to the lumbar paravertebral muscles, pain and spasm with range of motion of the lumbar spine, pain with range of motion of the left hip, and difficulty with squatting or duck walk. The reviewing physician noted that magnetic resonance imaging of the lumbar spine on 05/21/2014 was revealing of an acute component of an osteoporotic compression fracture at lumbar five with a chronic compression fracture at lumbar four. The physician also noted magnetic resonance imaging of the right shoulder from 06/30/2014 that was unrevealing for a rotator cuff or labral tear. The reviewing physician requested a magnetic resonance imaging of the left hip to rule out an internal derangement. The physician also requested a magnetic resonance imaging of the lumbar spine and the right shoulder, but the documentation provided did not indicate the specific reasons for the requested studies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective MRI for Lumbar Spine, (DOS 01/17/2015): 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 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Based on the 10/29/14 progress report provided by treating physician, the patient presents with pain to lumbar spine, right shoulder and left hip. The request is for Retrospective MRI For Lumbar Spine, (DOS 01/17/2015). RFA not provided. Patient's diagnosis on 10/29/14 included lumbosacral radiculopathy. Diagnosis on 10/23/14 included disc herniation, disc bulge L5-S1. Physical examination to the lumbar spine on 10/29/14 revealed spasm and tenderness to the paravertebral muscles. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, multiple injections, home exercise program, laboratory studies, and electrocardiogram. The patient is temporarily totally disabled, per 12/05/14 report. Treatment reports were provided from 05/21/14 - 04/02/15. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit." ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation). Treater has not provided reason for the request. Per

12/05/14 report, MRI of the lumbar spine on 05/21/2014 revealed acute component of an osteoporotic compression fracture at lumbar five with a chronic compression fracture at lumbar four. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, this retrospective request is not medically necessary.

**Retrospective: MRI of Right Shoulder (DOS 02/06/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 2012, on the Web, [www.odgtreatment.com](http://www.odgtreatment.com), Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** Based on the 10/29/14 progress report provided by treating physician, the patient presents with pain to lumbar spine, right shoulder and left hip. The request is for Retrospective MRI of Right Shoulder (DOS 01/17/2015). RFA not provided. Patient's diagnosis on 10/29/14 included shoulder impingement. Diagnosis on 10/23/14 included right shoulder tendonitis, capsular injury. Physical examination to the right shoulder on 10/29/14 revealed discomfort noted with elevation of the right upper extremity against gravity. Focal muscle tenderness noted in the right mid trapezius, and AC joint tenderness. Positive Impingement test. The patient had lidocaine injection to right AC joint and right mid trapezius trigger points on 10/29/14. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, multiple injections, home exercise program, laboratory studies, and electrocardiogram. The patient is temporarily totally disabled, per 12/05/14 report. Treatment reports were provided from 05/21/14 - 04/02/15. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)." Per 12/05/14 report, MRI of the right shoulder on 06/30/14 did not show rotator cuff or labral tear. Treater states the patient "had two cortizone injections to the shoulder, which did not provide more than temporary relief. I do feel [the patient] would be a candidate for possible right shoulder arthroscopy and anterior subacromial decompression, as well as a Mumford procedure." ODG guidelines support MRI of the shoulder if conservative measures have failed and rotator cuff or labral tear is suspected. However, there are no new injuries, change in clinical status, significant changes in examination, new location of symptoms, or red flags to warrant another MRI. Therefore, this retrospective request is not medically necessary.

**Retrospective: MRI of the Left Hip for (DOS 02/06/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging).

**Decision rationale:** Based on the 10/29/14 progress report provided by treating physician, the patient presents with pain to lumbar spine, right shoulder and left hip. The request is for Retrospective MRI Of The Left Hip (DOS 01/17/2015). Patient's diagnosis on 10/29/14 included hip tendinitis/bursitis. The patient had left greater trochanteric bursitis injection on last visit, per 10/29/14 report. Treatment and diagnostic studies to date has included physical therapy, chiropractic therapy, multiple injections, home exercise program, laboratory studies, and electrocardiogram. The patient is temporarily totally disabled, per 12/05/14 report. Treatment reports were provided from 05/21/14 - 04/02/15. MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following plain films." Indications for imaging - Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors Exceptions for MRI- Suspected osteoid osteoma (See CT); Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)"Based on provided medical records, it does not appear patient had MRI of the hip prior to 02/06/15. Per 12/05/14 report, treater requests "MRI of the left hip to rule out any internal derangement." Physical examination to the left hip on 10/29/14 was unremarkable, revealing decreased greater trochanteric tenderness and improved range of motion on flexion and extension against gravity. There are no discussions or mention of suspected osseous, articular or soft-tissue abnormalities; osteonecrosis; occult acute and stress fracture; acute and chronic soft-tissue injuries; or tumors, which would indicate MRI of the hip/pelvis according to ODG. The request is not in accordance with guideline indications. Therefore, this retrospective request is not medically necessary.