

Case Number:	CM15-0096544		
Date Assigned:	05/22/2015	Date of Injury:	05/14/2012
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female who sustained an industrial injury on 05/14/2012 resulting in sever arm pain and tingling as a result of cumulative trauma. Treatment provided to date has included chiropractic therapy (24+ sessions); extracorporeal shockwave therapy (6 sessions); and psychological evaluation/therapy. Diagnostic tests performed include: x-rays of the lumbar spine (08/23/2013) showing mild discogenic spondylosis and degenerative facet arthrosis in L4-S1, mild bilateral degenerative sacroiliac joint arthrosis and mild left thoracolumbar convexity; electro diagnostic studies of the upper extremities (10/01/2013) showing evidence of mild right carpal tunnel syndrome, and moderate left carpal tunnel syndrome; MRI of the lumbar spine (05/03/2013) showing straightening of the lumbar spine, early disc desiccation L3-S1, focal disc protrusion at L3-4, Schmorl's node at L3-4, and focal central paracentral disc protrusion superimposed on diffuse disc bulge and annular tear indenting the thecal sac at L4-5; MRI of the cervical spine (05/03/2013) showing reversal of cervical spine curvature, early disc desiccation throughout the cervical spine, reduced intervertebral disc height at C6-7, focal dis protrusions at C4-C6 and diffuse disc protrusion at C6-7; and MRI of the right shoulder (05/03/2013) showing intratendinous partial tear supraspinatus tendon, tendinosis, acromioclavicular joint arthropathy, and mild glenohumeral joint effusion. Other noted dates of injury documented in the medical record include 04/2010 and 02/28/2013. There were no noted comorbidities. On 02/25/2015, physician progress report noted complaints of bilateral wrist pain with numbness and tingling in the upper extremities, right shoulder pain, and extensive neck and back pain. The physical exam revealed tenderness

to palpation over the bilateral lumbar paraspinal muscles, restricted range of motion in the lumbar spine, positive straight leg raises bilaterally, decreased grip strength in the left hand, and positive Hawkin's test in both shoulders. The provider noted diagnoses of bilateral carpal tunnel syndrome, right hip contusion and acute right shoulder injury (02/28/2013), cervical, lumbar and right shoulder injury (11/10/1999), cervical disc bulge, lumbar disc desiccation, right hip bursitis, and right shoulder pain with evidence of impingement. Plan of care includes MRIs of the right shoulder, cervical spine and lumbar spine, and follow-up. The injured worker's work status remained total temporarily disabled. Requested treatments include: MRI of the right shoulder without contrast and MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Shoulder without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209 and 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). ODG 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. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such the request for MRI of Right Shoulder without Contrast is not medically necessary.

MRI of Lumbar Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI of Lumbar Spine without Contrast is not medically necessary.