

Case Number:	CM16-0240518		
Date Assigned:	12/19/2016	Date of Injury:	10/20/2016
Decision Date:	01/18/2017	UR Denial Date:	11/15/2016
Priority:	Standard	Application Received:	12/14/2016

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 60 year old male, who sustained an industrial injury on 10-20-2016. The injured worker is undergoing treatment for back and left shoulder pain. Mechanism of injury occurred when the injured worker was hit by an object then fell. Current work status is return to work with restrictions. The treatment and diagnostic testing to date has included: at least 4 sessions of physical therapy, x-rays, injections, medications and evaluations. Medications have included metaxalone 800mg, ketoprofen 500mg, acetaminophen 500mg, orphenadrine citrate ER 100mg, methylprednisone 4mg, and etodolac ER 400mg. Physician progress notes dated 11-4-16, reported the injured worker rated pain an 8 out of 10. The injured worker reported left shoulder pain as dull and moderately severe, occurring constantly and is exacerbated by movement and alleviated by rest. The injured worker also reported back pain as full and moderately severe, occurring constantly, systems are exacerbated by movement and alleviated with rest. Objective findings: ambulates with normal gait, full weight bearing on both lower extremities, abnormal posture, forward list 5 degrees, chest wall tenderness, no bony deformities of the chest cavity, thoracic spine has tenderness on palpation, and lumbar spine has tenderness on palpation. Left shoulder: no deformity, tenderness of the left trapezius muscle, deltoid muscle and upper extremity muscles, spasms of the left trapezius muscle and upper extremity muscles, tenderness of the left subacromial and subdeltoid regions, tenderness of the left biceps tendon and rotator cuff, and restricted range of motion. The physician documented that due to lack of movement and shoulder weakness an MRI of the left shoulder to rule out rotator cuff tear is

recommended. The Request for Authorization is for MRI of the lumbar without contrast. The UR dated 11-14-16 non-certified the request for MRI of the lumbar without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. In this case, there is no documentation of tissue insult, nerve impairment, or other red flags that would warrant a lumbar MRI at this time. Medical necessity has not been established. The request for MRI of the lumbar without contrast is determined to not be medically necessary.