

<b>Case Number:</b>	CM14-0144458		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49 year old female injured on 05/14/04 while performing normal and customary job duties as a bank teller. The specific injuries sustained were not discussed in the documentation provided. Prior treatments included physical therapy, activity modification, drug therapy, epidural steroid injections, and surgical intervention to include anterior cervical decompression and fusion at C4-5. Diagnoses include cervical spine radiculopathy, and cervical spine postlaminectomy syndrome. The injured worker continued to complain of night pain radiating to the right upper extremity and the hand in the C4-5 and C5-6 distributions. The injured worker rated at pain at 8/10 prior to recent epidural steroid injection with reported modest relief following epidural steroid injection. Clinical note dated 08/14/14 indicated the injured worker reported bilateral shoulder pain, right greater than left, increased anxiety, depression, and requested medication refills. Physical examination revealed limited cervical spine range of motion with pain, shoulder tender to palpation, left elbow positive Tinel's, lumbar spine tenderness to palpation and limited range of motion. Treatment plan included recommendation for new MRI of bilateral shoulders, CPAP machine, and refill of requested medications. The initial request was non-certified on 09/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM:  
[http://www.acoempracguidelines.org/shoulder\\_disorder](http://www.acoempracguidelines.org/shoulder_disorder)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints, Special studies and Diagnostics and Treatment Considerations.

**Decision rationale:** As noted in the California guidelines, the 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, and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The clinical documentation fails to provide the necessary information to substantiate the above mentioned criteria. As such, the request for Magnetic resonance image of the bilateral shoulders is not medically necessary.