

Case Number:	CM13-0022936		
Date Assigned:	11/15/2013	Date of Injury:	06/01/2010
Decision Date:	02/13/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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.

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 patient is a male with a DOI of 3/22/2007. There is a UR notice denying cervical spine MRI and bilateral shoulder MRI. The cervical spine MRI was to evaluate for possible ESI and the shoulder MRI was to rule out rotator cuff tear. There are no medical records or UR report to review. The notes state that the bilateral shoulders and cervical spine are not part of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI r/o disc bulge to consider ESI, for cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The request is for MRI before a possible ESI, however it not clear as to how the MRI will assist in the ESI procedure. The MRI does not necessarily meet criteria for ESI as there needs to be evidence of radiculopathy on physical exam and other testing. MRI would no show radiculopathy, only a potential source of it. Therefore, MRI for this purpose is not appropriate

MRI r/o rotator cuff tear, for bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: An MTUS state that diagnostic imaging of the shoulder is done only in the presence of red flags or after conservative care has been exhausted and if surgery is a possibility. As there are no records to evaluate either of these conditions, a decision in favor of the MRI cannot be made. Most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag Conditions are ruled out.