

Case Number:	CM13-0037095		
Date Assigned:	12/13/2013	Date of Injury:	12/27/2010
Decision Date:	04/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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:

According to the records made available for review, this is a 64-year-old female with a 12/27/10 date of injury. At the time (10/1/13) of request for authorization for outpatient cervical MRI to rule out occult source of patient's continued shoulder pain, there is documentation of subjective (pain in the left side of her head, neck, and shoulder as well as a trigger point causing radiation to the left upper extremity) and objective (tenderness over the posterior margin of the acromion) findings, imaging findings (left shoulder x-rays (10/1/13) report revealed that there has been subacromial decompression; cervical spine x-rays (10/1/13) report revealed no evidence of significant disc disease, and patent neural foramina), current diagnoses (shoulder pain, forearm joint pain, hand pain, and cervicobrachial syndrome), and treatment to date (physical therapy and medications). Medical report identifies a request for MRI scan of the cervical spine to rule out occult source of this patient's continued shoulder pain. There is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT CERVICAL MRI TO RULE OUT OCCULT SOURCE OF PATIENT'S CONTINUED SHOULDER PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM, 2ND EDITION, (2004) NECK, 179-183

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of shoulder pain, forearm joint pain, hand pain, and cervicobrachial syndrome. In addition, there is documentation of imaging findings (cervical spine x-rays identifying no evidence of significant disc disease, and patent neural foramina), conservative treatment (physical therapy and medications), and a request for MRI scan of the cervical spine to rule out occult source of this patient's continued shoulder pain. However, despite documentation of subjective findings (pain in the left side of her head, neck, and shoulder as well as a trigger point causing radiation to the left upper extremity), there is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for outpatient cervical MRI to rule out occult source of patient's continued shoulder pain is not medically necessary.