MAXIMUS Federal Services

Case Number:	CM13-0065150		
Date Assigned:	05/07/2014	Date of Injury:	10/21/2013
Decision Date:	06/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/12/2013

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:

The patient has submitted a claim for neck, right shoulder, and back pain associated with an industrial injury date of October 21, 2013. Treatment to date has included medications, physical therapy, chiropractic treatment, acupuncture, Thermacare Heat Wrap, and shoulder injection. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of less neck, right shoulder, and back pain. Acupuncture was noted to be very helpful. On physical examination, the neck had full range of motion. Lumbar flexion was slightly limited. Right shoulder range of motion was restricted towards flexion, abduction and internal rotation with painful arc. Tenderness and slight crepitation was likewise noted at the right shoulder with positive impingement sign. X-rays of the cervical spine and right shoulder dated January 3, 2014 showed unremarkable results.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI TO CERIVAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: According to pages 179-180 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, an MRI of the cervical spine was requested due to the patient's significant loss of motion and persistent discomfort of the cervical spine. However, the most recent medical note dated May 6, 2014 showed that neck pain was less and that the patient was responding very well to acupuncture. Physical findings also showed full neck range of motion. Thus, there was no indication of red flag conditions or physiologic evidence of neurologic dysfunction. Furthermore, there was no discussion regarding the need to clarify anatomy for a contemplated invasive procedure and there was no mention of failure of progression in a strengthening program. Moreover, the most recent progress note mentioned a normal cervical MRI, although the date of service was not noted. In any case, a repeat MRI is not warranted. Therefore, the request is not medically necessary.

MRI TO RIGHT SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: Criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, an MRI of the right shoulder was requested to rule out rotator cuff tear. The patient complained of persistent right shoulder pain despite conservative management. This is corroborated with objective findings of tenderness, limitaton of motion with painful arc, slight crepitus, and positive impingement sign. There is sufficient evidence for utilizing MRI to determine shoulder pathology. Therefore, the request is medically necessary.

MRI TO LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: According to pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, although lumbar flexion was limited, there were no objective evidences of specific nerve compromise. Furthermore, the most recent medical note dated May 6, 2014 showed that back pain was less and that the patient was responding very well to acupuncture; thus, failure to respond to

treatment was not established. Moreover, the medical records did not indicate future surgical plans. Moreover, the most recent progress note mentioned a normal lumbar MRI, although the date of service was not noted. In any case, a repeat MRI is not warranted. Therefore, the request is not medically necessary.