

Case Number:	CM13-0066221		
Date Assigned:	01/08/2014	Date of Injury:	01/22/2010
Decision Date:	05/30/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 47-year-old female who sustained an unspecified injury on 01/22/2010. The documentation indicated the injured worker had undergone a right shoulder acromioplasty, distal clavicle resection, and bilateral carpal tunnel release. The injured worker was evaluated on 11/13/2013 for complaints of low back pain, right shoulder pain, neck pain, and numbness to the right thumb. The documentation indicated the injured worker developed GI complications as a result of taking NSAIDs. The documentation indicated the injured worker was authorized a consultation to be seen by a spine surgeon, pain management, and a psychiatrist. The documentation indicated the injured worker had yet to agree to any further pain management to include the authorized consultations. The physical examination noted the injured worker's neck range of motion to be decreased. The injured worker's shoulder active range of motion was noted as decreased. The injured worker's low back range of motion was noted as decreased. The documentation indicated the injured worker was non-compliant with her treatment regimen and it was indicated the injured worker had been evaluated by another physician had contradictory statements regarding her neck and back. The documentation indicated when seen by a different physician, the injured worker's cervical and lumbar exams were noted as normal. The treatment plan indicated a request for updated cervical and lumbar MRIs as well as a thoracic MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL, THORACIC, LUMBAR MRI ON 3T SCANNER: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 303-305.

Decision rationale: The documentation submitted for review indicated the injured worker had previously undergone MRIs of the cervical and lumbar spine. ACOEM recommends repeat MRIs for patients when there is a significant change in condition. The documentation submitted for review did not indicate the injured worker had a significant change in condition to warrant an additional MRI. Furthermore, the Guidelines recommend the use of MRIs for patients with unequivocal objective findings of neurological deficits. The documentation submitted for review did not indicate the injured worker had unequivocal objective findings of neurological deficits. It is additionally noted the documentation submitted for review indicated the injured worker's complaints were inconsistent depending on the treating physician. Therefore, the need for an MRI is not supported. Given information submitted for review, the request for Cervical, Thoracic, Lumbar MRI on 3T scanner is not medically necessary.