MAXIMUS Federal Services

Case Number:	CM14-0002942		
Date Assigned:	01/24/2014	Date of Injury:	01/27/2009
Decision Date:	08/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational 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 42 year old female with a date of injury of 01/27/2009. Mechanism of injury includes a fall from a stool that collapsed as the injured worker was sitting on it. The injured worker is diagnosed with displacement of cervical intervertebral disc without myelopathy. The injured worker's status is post anterior cervical fusion in 04/2010 and post posterior cervical fusion of C4-5 in 08/2011. There are no operative notes available for review. The injured worker most recently complains of pain in her neck that radiates to the left shoulder area. Physical examination of the cervical spine dated 10/23/2013 reveals positive Spurling's test and decreased sensation to light touch over the left C6, C7 and C8 dermatomes. Range of motion of the left shoulder is diminished upon flexion at 135 degrees and abduction of 135 degrees. Most recent clinical note provided for review is dated 12/26/2013 reports the injured worker is taking Topamax 75mg bid for pain. Records indicate that due to previous stomach surgery the injured worker cannot tolerate anti-inflammatory medications. Physical examination of the cervical spine performed on 12/26/2013 reveals paracervical muscle spasm and tenderness, tenderness over the superior border of trapezius muscle on the left side and more significant tenderness over the medial border of the scapula on the left side. There are no other objective findings of the cervical spine or shoulders from this visit included. A trigger point injection was performed at this visit over the medial border of the scapula on the left side. More recent clinical notes are not available for review thus the injured worker's response to this injection is not noted. The only imaging referenced in the submitted documentation is a CT of the cervical spine dated 05/05/2011 which reportedly showed a C4-5 anterior fusion and noted disc prosthesis. This study was not available for review and a detailed interpretation of this study was not included.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) LEFT SHOULDER WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 201-202.

Decision rationale: The request for magnetic resonance imaging (MRI) left shoulder without contrast is not recommended as medically necessary. Per ACOEM, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. There are no records submitted for review which detail any portion of the patient's care directed to the left shoulder for the most recent three to four week period. The most recent clinical note submitted for review dates more than seven months ago, and does not include a detailed physical examination of the left shoulder with orthopedic testing done. Based on the clinical information provided, medical necessity of an MRI of the left shoulder without contrast is not medically necessary and appropriate.