

Case Number:	CM14-0101190		
Date Assigned:	07/30/2014	Date of Injury:	10/23/2008
Decision Date:	09/24/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 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:

Patient is a 58-year-old male who has submitted a claim for cervical disc disease, cervicgia, lumbago, lumbosacral neuritis, lumbosacral intervertebral disks degeneration, and myalgia associated with an industrial injury date of 10/23/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of neck pain radiating to bilateral upper extremities and low back pain radiating to bilateral lower extremities. Aggravating factors included activity and lifting heavy objects. Physical examination showed palpable trigger points at the paracervical muscles. Range of motion of the cervical spine was limited. Sacroiliac joint was likewise tender. Straight leg raise test at the right was positive. Hand grip strength was graded 4/5 on the right and 3/5 on the left. Reflexes of the upper extremity were graded 1+. Sensation was diminished along the left arm. Treatment to date has included chiropractic care, and medications. Utilization review from 6/19/2014 denied the request for MRI of bilateral shoulders due to limited clinical information and no evidence of potential serious pathology; such has progressive neurological deficits, fracture, tumor, or infection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, patient complained of neck pain radiating to bilateral upper extremities. However, there was no comprehensive physical examination of both shoulders to warrant the present request. There was no data on motor strength, range of motion, and provocative maneuvers to determine the need for further investigation by utilizing MRI. There is likewise no current plan for surgical procedure. The medical necessity cannot be established due to insufficient information. Therefore, the request for MRI of the bilateral shoulders is not medically necessary.