

Case Number:	CM14-0106185		
Date Assigned:	07/30/2014	Date of Injury:	09/15/2013
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in: Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old male who reported an injury on 09/15/2013 due to continuous lifting. The injured worker has diagnoses of left shoulder rotator cuff tendinitis/bursitis with partial tear, lumbar spine sprain/strain/contusion, and alleged aggravation of hypertension. The injured worker's past treatment included physical therapy, cortisone injections, and medication therapy. An MRI of the left shoulder, dated 10/17/2013, revealed that the injured worker had degenerative changes of the acromioclavicular joint. The injured worker is postoperative left shoulder impingement release and mini open rotator cuff repair on 02/19/2014. The injured worker complained of intermittent moderate low back pain, with radiation to the legs bilaterally. The injured worker also reported intermittent moderate pain in his left shoulder. There was no measurable pain level documented within the submitted reports. The physical examination dated 02/05/2014 revealed the cervical spine exhibited tenderness to palpation about the paracervical and trapezial musculature. There was a positive cervical distraction test. There was muscle spasms noted. There was also restricted range of motion due to complaints of pain. The medications for the injured worker included omeprazole 20 mg, naproxen 550 mg, Ondansetron 4 mg, and tramadol 50 mg. The frequencies and duration were not documented in the submitted reports. The treatment plan was for an orthopedic re-evaluation. The injured worker has been authorized for a left shoulder impingement release and rotator cuff repair and was pending scheduling; also, a request for an MRI of the cervical spine without contrast. The rationale and request form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

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

Decision rationale: The requested MRI of the cervical without contrast is not medically necessary. The injured worker complained of intermittent moderate low back pain, with radiation to the legs bilaterally. The injured worker also reported intermittent moderate pain in his left shoulder. There was no measurable pain level documented within the submitted reports. CA MTUS/ACOEM Guidelines for MRI state if there is physiologic evidence indicating tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging) MRI for neural or other soft tissue. The guidelines also stipulate that there should be documentation of a failure to progress in a strengthening program intended to avoid surgery, physiologic evidence of tissue insult or neurologic dysfunction, and clarification of the anatomy prior to an invasive procedure. The guidelines stipulate that there should be physiological evidence indicating tissue insult or nerve impairment to consider an MRI. The submitted reports lacked any evidence of the above. The submitted physical therapy reports dated 12/02/2013 through 01/27/2014 did not report any quantified evidence as to whether the injured worker was progressing in any other strengthening programs or that the physical therapy was ineffective. The reports simply stated that the injured worker tolerated well. Furthermore, the submitted documentation did not reveal the presence of neurological deficits. As such, the request for an MRI of the cervical spine without contrast is not medically necessary and appropriate.