

Case Number:	CM14-0109736		
Date Assigned:	08/01/2014	Date of Injury:	09/20/2013
Decision Date:	10/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and arm pain reportedly associated with an industrial injury of September 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. In a May 1, 2014 progress note, the applicant reported persistent complaints of shoulder and knee pain, 8-9/10. Numbness about the shoulder was noted. It was stated that the applicant had a SLAP tear of the shoulder which would likely require a surgical intervention. In a June 12, 2014 progress note, electrodiagnostic testing of bilateral upper extremities, cervical MRI imaging, and right shoulder arthroscopic labral repair surgery was sought, along with 12 sessions of postoperative physical therapy. A rather proscriptive 10-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place. It was stated that the applicant had been terminated by her former employer effective March 19, 2014. Multifocal pain complaints were noted, including bilateral shoulder pain, low back pain, neck pain, right knee pain, and wrist pain. The applicant did exhibit well-preserved, 5/5 strength about the bilateral upper extremities in all muscle groups tested, although some hyposensorium was noted about the right small finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the cervical spine. The multifocal nature of the applicant's complaints, which include neck pain, bilateral shoulder pain, low back pain, right knee pain, right hand/right wrist pain, etc., also argues against any focal neurologic compromise involving the cervical spine. Finally, the attending provider stated that the applicant was intent on pursuing a right shoulder labral repair surgery, making highly unlikely that the applicant was also considering cervical spine surgery on and around the date of the request, June 5, 2014. Therefore, the request is not medically necessary.