

Case Number:	CM14-0019304		
Date Assigned:	04/21/2014	Date of Injury:	03/03/2003
Decision Date:	09/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/14/2014

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 Pain Management 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 injured worker is a 63-year-old female who sustained industrial-related injuries on March 3, 2003. The only provided documentation was dated July 24, 2013 which notes that the injured worker reported that her pain was increased by repetitive movements and work timelines needed at her job. Her pain continued in the neck, shoulders, and arms. The examination revealed 4/5 muscle strength in her upper extremities and functional range of motion. The range of motion of the neck and upper extremities were limited. She has tight, taut bands of muscles in the dorsal forearms, neck, and shoulders. Tenderness was noted over the cervical myofascial greater on the left than right. This is a review regarding the requested magnetic resonance imaging scan of the cervical spine, right, and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK INDICATIONS FOR IMAGING.

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

Decision rationale: According to evidence-based guidelines, special diagnostic studies are only recommended only on the following basis: 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. Furthermore, a prior radiographic study should have been provided. In this case, the injured worker did not present sufficient evidence regarding the presence of any red flags, tissue insult or neurologic dysfunction, failure of a strengthening program nor any prior radiographic studies. Due to absence of compelling evidence, the medical necessity of the requested magnetic resonance imaging scan of the cervical spine is not established.

MRI RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK INDICATIONS FOR IMAGING.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to American College of Occupational and Environmental Medicine guidelines, magnetic resonance imaging scan is only warranted on the following conditions: Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid injury and clarification of the anatomy prior to an invasive procedure. Furthermore, a prior radiographic study should have been provided. In this case, the injured worker is 63 years old and sustained injuries in 2003 which is evident that her condition is already in the chronic state. However, there was no clear cut evidence in the provided documents nor there is a radiograph finding provided. Based on this information, the clinical presentation of the injured worker does not satisfy the criteria provided in order to authorize magnetic resonance imaging scan of the right shoulder. Hence, the medical necessity of the requested magnetic resonance imaging scan of the right shoulder is not established.

MRI LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, NECK INDICATIONS FOR IMAGING.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to evidence-based guidelines, special diagnostic studies are only recommended only on the following basis: 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. Furthermore, a prior radiographic study should have been provided. In this case, the injured worker did not

present sufficient evidence regarding the presence of any red flags, tissue insult or neurologic dysfunction, failure of a strengthening program nor any prior radiographic studies. Due to absence of compelling evidence, the medical necessity of the requested magnetic resonance imaging scan of the cervical spine is not established.