

Case Number:	CM14-0112510		
Date Assigned:	08/01/2014	Date of Injury:	06/01/2011
Decision Date:	10/06/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/18/2014

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 and Rehabilitation and is licensed to practice in Nevada License. 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on June 1, 2011. The mechanism of injury was noted as a cumulative trauma type event. The most recent progress note, dated July 31, 2014, indicated that there were ongoing complaints of low back pain. It was noted the pain level has increased, but there were no new problems that are side effects. The quality of sleep was poor. It was noted that the pain level has increased with the use of Butrans notwithstanding. The physical examination demonstrated 5'8", 140 pound individual who is normotensive (102/60). The injured employee was well groomed, well-nourished, and does not demonstrate any signs of intoxication or withdrawal. A decrease in cervical spine range of motion was noted and associated with tenderness to palpation, with trigger point formation. Spurling's maneuver caused pain. A decrease in lumbar spine range of motion was also noted with some tenderness to palpation. Motor function was described as 5/5, and sensory was intact. Deep to reflexes were equal bilaterally. Diagnostic imaging studies were referenced, but the findings were not reported. Previous treatment included multiple combinations of medication protocols, physical therapy, and pain management interventions. A request had been made for repeat MRI studies and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

Decision rationale: This is an individual who presents complaining of low back pain and who has no new events. Imaging studies have been completed; however, the reports have not been obtained. The mechanism of injury is described as a cumulative trauma type event. Electrodiagnostic studies found a possible carpal tunnel at the wrist. Multiple pain management interventions have not been successful. There is nothing in the narrative to indicate any intra-articular pathology of the shoulder. Furthermore, when the prior studies have been completed and the reports are not presented, there is little medical necessity established to repeat this intervention.

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Cervical and Thoracic Spine Disorders-

Decision rationale: This is an individual who presents complaining of low back pain and who has no new events. Imaging studies have been completed; however, the reports have not been obtained. The mechanism of injury was described as a cumulative trauma type event. Electrodiagnostic studies found a possible carpal tunnel at the wrist. Multiple pain management interventions have not been successful. There is nothing in the narrative to indicate any intra-articular pathology of the shoulder. Furthermore, when the prior studies have been completed and the reports are not presented, there is little medical necessity established to repeat this intervention.