

Case Number:	CM14-0112665		
Date Assigned:	09/22/2014	Date of Injury:	03/18/2011
Decision Date:	10/29/2014	UR Denial Date:	06/19/2014
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 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 51-year-old male with a reported date of injury on 03/18/2011. The mechanism of injury was not listed in the records. The injured worker's diagnoses included left shoulder labral tear, cervical sprain/strain, and cervical radiculopathy. The past treatments included pain medication, physical therapy, and a TENS Unit. There was no relevant diagnostic imaging submitted for review. There was no relevant surgical history documented in the records. The subjective complaints on 05/27/2014 included left shoulder pain that increases with weather changes. The cervical spine also had stiffness with activities. The physical exam findings noted the left shoulder is positive for impingement syndrome. There was also noted tenderness on palpation to the left shoulder and cervicothoracic paraspinals. The left shoulder has approximately 50% decreased range of motion. The medications included over the counter Aleve and over the counter Tylenol. The treatment plan is for a Left Shoulder Arthroscopy and left shoulder MRI and a MRI of the cervical spine, as well. A request was received MRI of the cervical spine. The rationale for the request was to rule out a herniated nucleus pulposus disc. The Request for Authorization form was dated 06/11/2014.

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

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

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The California ACOEM Guidelines state special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided red flag conditions are ruled out. Criteria for ordering imaging studies are as follows: 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. The injured worker has a left labral tear and chronic left shoulder pain. There was a lack of documentation in the clinical notes to suggest physiologic evidence of tissue or neurologic dysfunction and/or an emergence of a red flag. In the absence of a red flag or physiologic evidence of tissue insult or neurologic dysfunction, the request is not supported by the evidence-based guidelines. As such, the request not medically necessary.