

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0125090 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 08/15/2007 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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. 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 35-year-old male was reportedly injured on August 15, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 17, 2014, indicates that there are ongoing complaints of neck, back, and shoulder pain. The physical examination demonstrated bilateral cervical paraspinal and trapezial tenderness with normal cervical spine range of motion. There was decreased sensation at the right median nerve distribution. There was a positive bilateral Phalen's test and a right-sided Tinel's test at the wrist. Examination the lumbar spine noted decreased range of motion and a normal lower extremity neurological examination. There was a positive bilateral impingement sign to both shoulders and full shoulder range of motion. Diagnostic imaging studies enlargement of the left clavicle consistent with a prior fracture and AC separation. Previous treatment includes bilateral elbow and wrists surgeries, physical therapy, and acupuncture. A request had been made for an MRI the cervical spine, an MRI of the lumbar spine, and an MRI the right shoulder and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter, Indications for imaging- Magnetic resonance imaging.

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 - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: According to the attached medical record there have been no significant changes in the injured employees symptoms or physical examination findings since the stated date of injury in 2007. Considering this, this request for a repeat cervical spine MRI is not medically necessary.

MRI for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8-7. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back Chapter, Indications for imaging-Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the attached medical record there have been no significant changes in the injured employees symptoms or physical examination findings since the stated date of injury in 2007. Considering this, this request for a repeat lumbar spine MRI is not medically necessary.

MRI for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines:Magnetic Low Back Chapter, Indications for imaging, Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging, Updated August 27, 2014.

Decision rationale: According to the recent progress note dated July 17, 2014, there are no concerning surgically related physical examination findings nor is there any documentation of failure of previous conservative treatment for the left shoulder. Considering this, the request for a left shoulder MRI is not medically necessary.