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| Case Number: | CM14-0151148 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 01/13/2010 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 Preventive 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:

According to the records made available for review, this is a 59-year-old female with a 1/13/10 date of injury. At the time (8/26/14) of request for authorization for x-ray of the cervical spine, MRI of the cervical spine, MRI of the lumbar spine, and MRI of the left shoulder, there is documentation of subjective (constant neck pain, constant low back pain with stiffness, and constant moderate left shoulder pain) and objective (tenderness to palpation over the cervical spine with decreased range of motion, tenderness to palpation over the lumbar spine with decreased range of motion, and tenderness to palpation over the left shoulder with decreased range of motion) findings, current diagnoses (cervical spine disc protrusion, lumbar spine disc protrusion, left shoulder impingement, and lumbar spine radiculitis), and treatment to date (not specified). Regarding MRI of the cervical spine and MRI of the lumbar spine, there is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction, and failure of conservative treatment. Regarding MRI of the left shoulder, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder MRI is indicated (acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc protrusion, lumbar spine disc protrusion, left shoulder impingement, and lumbar spine radiculitis. However, given documentation of subjective (constant neck pain) and objective (tenderness to palpation over the cervical spine with decreased range of motion) findings, and no documentation of conservative treatment, there is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction, and failure of conservative treatment. In addition, given documentation of a pending cervical x-ray that has been certified/authorized, there is no documentation of cervical radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI of the cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc protrusion, lumbar spine disc protrusion, left shoulder impingement, and lumbar spine radiculitis. However, given documentation of subjective (constant low back pain with stiffness) and objective (tenderness to palpation over the lumbar spine with decreased range of motion) findings, and no documentation of conservative treatment, there is no documentation of physiologic evidence (in the form of definitive neurologic findings on physical examination) of tissue insult or neurologic dysfunction, and failure of conservative treatment. In addition, there is no documentation of lumbar radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI of the lumbar spine is not medically necessary.

MRI of the left shoulder:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder MRI is indicated (such as: acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear), as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of cervical spine disc protrusion, lumbar spine disc protrusion, left shoulder impingement, and lumbar spine radiculitis. However, there is no documentation of an intention for preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. In addition, despite documentation of subjective (constant moderate left shoulder pain) and objective (tenderness to palpation over the left shoulder with decreased range of motion) findings, and given no documentation of shoulder radiographs, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a shoulder MRI is indicated (acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs). Therefore, based on guidelines and a review of the evidence, the request for MRI of the left shoulder is not medically necessary.