

Case Number:	CM14-0158337		
Date Assigned:	10/01/2014	Date of Injury:	06/05/2008
Decision Date:	11/13/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and shoulder pain reportedly associated with an industrial injury of June 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; topical compounds; unspecified amounts of physical therapy; and dietary supplements. In a Utilization Review Report dated August 30, 2014, the claims administrator denied a request for right shoulder MRI imaging. The applicant's attorney subsequently appealed. In an earlier note dated January 17, 2014, the applicant was placed off of work, on total temporary disability through April 11, 2014. The applicant was status post right shoulder surgery, it was acknowledged. Multifocal neck, shoulder, and mid back pain was appreciated, 5 to 7/10. In a later note dated August 26, 2014, the attending provider sought authorization for MRI imaging of the right shoulder, MRI imaging of the cervical spine, and MRI imaging of the thoracic spine. Home Health Services were sought, along with Norco, Naprosyn, topical Terocin patches, Menthoderm gel, Theramine, and a TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint upr extrem w/o dye: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, routine usage of MRI imaging for evaluation purposes without surgical indications is "not recommended." In this case, the attending provider seemingly sought authorization for multiple MRI imaging studies of the neck, shoulder, and upper back concurrently with no explicit or (implicit) intention of acting on the results on the same. There was no statement from the attending provider that the applicant was considering or contemplating further shoulder surgery. It was not stated how the proposed shoulder MRI imaging would influence the treatment plan. Therefore, the request is not medically necessary.