

Case Number:	CM14-0184750		
Date Assigned:	11/13/2014	Date of Injury:	07/19/2014
Decision Date:	12/15/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/06/2014

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 American Board of Family Practice 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:

This is a 36-year-old female claimant who sustained a cumulative work injury from July 2013 to July 2014 involving the cervical spine, right shoulder, right elbow, right wrist, mid back and low back. She was diagnosed with cervical strain with radiculopathy, shoulder strain, elbow strain, right thumb strain, thoracic spine strain, lumbar spine strain and anxiety. She had muscle spasms on the right side as well as 7/10 pain. Exam findings were notable for burning in the right shoulder, right elbow and right wrist with muscle spasms. Similarly she had burning pain with spasms in the mid back and low back region. The pain was constant and aggravated by prolonged sitting, standing, walking and bending. There was reduced range of motion in the elbow, right shoulder and low back. The physician requested x-rays as well as an MRI of the right shoulder, cervical, thoracic and lumbar spine. An EMG/MCV study of both upper extremities was also requested. A TENS unit was requested. Topical Terocin pain patches were also provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI study-cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. There was no reason for getting both an x-ray and MRI. The request for an MRI of the cervical spine is not medically necessary.

MRI study-thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Thoracic Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the thoracic spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. There was no reason for getting both an x-ray and MRI. The request for an MRI of the thoracic spine is not medically necessary.

MRI study - right 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 Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the right shoulder is not medically necessary.