

Case Number:	CM14-0052278		
Date Assigned:	07/07/2014	Date of Injury:	06/02/2000
Decision Date:	09/05/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 65 year old female was injured at work on 06/02/2000 when she injured her neck and shoulder. She has been experiencing pain in the affected areas. The pain is 3/10 with medications, but 9/10 without medication. The pain radiates from her neck to her hands. It is associated with numbness and tingling in her hands. She has difficulty grasping. She had an X-Ray, and MRI of her neck upper extremities and both hands shortly after the injury; these were repeated in 08/ 2013. The Nerve Conduction Studies of 02/2014 revealed bilateral carpal tunnels syndrome, the right more than left. She has been diagnosed, of neck pain, cervical sprain and strain, chronic pain syndrome, Tension Headache, Chronic pain related insomnia, Myofascial syndrome, Neuropathic pain, Bilateral carpal tunnel syndrome. She has received Chiropractic care, physical therapy, Treatment with Anaprox, Kava Kava, Trepadone, and Theramine. In dispute are requests for MRI of the right shoulder, and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: Although both the MTUS and the ACOEM guidelines favor shoulder MRI after about 4-6 weeks of treatment without success in the absence of red flags, the injured worker has done two MRI of her shoulders in 2000 and 08/2013. It is too soon to do a repeat MRI of the shoulder except if there is a recent change in her shoulder that might be considered as red flag, besides, the doctor who recommended the MRI said if it has not been done. Therefore, the request not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS recommends against the use of diagnostics in cervical conditions except in the presence of: 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 records reviewed shows the injured worker has done MRI of the neck in at least two occasions; therefore, there will be no additional benefit in doing another study except in the presence of the above. Therefore, the request is not medically necessary.