

Case Number:	CM14-0066446		
Date Assigned:	07/11/2014	Date of Injury:	11/20/2013
Decision Date:	09/19/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/09/2014

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 injured worker is a 33-year-old female who was reportedly injured on 11/20/2013. The mechanism of injury was not listed. The most recent progress note dated 3/14/2014, indicated that there were ongoing complaints of neck, left shoulder and low back pain. The physical examination demonstrated cervical spine pain with range of motion. Hyperextension of the left shoulder caused pain at the left side of the neck and increases in pressure like symptoms. There was also right shoulder pain on abduction 90, positive apprehension and positive impingement. There was also lumbar spine pain with range of motion and positive heel and toe walking. Right straight leg raise was positive at 5. No recent diagnostic studies were available for review. Previous treatment included acupuncture and medications. A request was made for magnetic resonance image of the cervical spine, lumbar spine and left shoulder and was denied in the pre-authorization process on 4/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: American College of Occupational and Environmental Medicine treatment guidelines support an magnetic resonance image (MRI) of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks and in whom the symptoms are not trending towards improvement, if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review, of the available medical records, fails to report findings of radiculopathy on physical exam. As such, the request is not medically necessary and appropriate.

MRI Lumbar Spine: Upheld

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

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

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines support a magnetic resonance image (MRI) of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records failed to report any objective clinical findings of radiculopathy on physical exam. As such, the request is not medically necessary and appropriate.

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder. (Acute and Chronic) MRI. Updated 8/27/2014.

Decision rationale: Guidelines recommend the use of a magnetic resonance image for the evaluation of shoulder injuries because it's better demonstration of soft tissue anatomy. The following indications must be present: Two shoulder trauma, suspected rotator cuff tear/impingement, age greater than 40, with normal x-rays, subacute shoulder pain, suspect instability, and labral tear. After review of the medical records provided, it is noted there were no significant findings on physical exam of the left shoulder that met guideline criteria. Therefore, the request is not medically necessary and appropriate.