

Case Number:	CM14-0200598		
Date Assigned:	12/10/2014	Date of Injury:	04/10/2000
Decision Date:	01/30/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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, shoulder, and low back pain reportedly associated with an industrial injury of April 10, 2000. In a Utilization Review Report dated November 24, 2014, the claims administrator denied MRI imaging of the shoulder and cervical spine. The applicant's attorney subsequently appealed. In an October 3, 2014 progress note, the applicant reported ongoing complaints of neck and shoulder pain, 7/10. The applicant had some recent flare and low back pain, it was also stated. The attending provider stated that the applicant not had shoulder MRI imaging since December 2011. The applicant apparently had an Intrathecal pain pump in place. The applicant was on oral Percocet and topical Lidoderm, it was stated. Hypo-sensorium was noted about the left C6-C7 dermatome. The applicant was off of work and receiving disability benefits in addition to workers' compensation indemnity benefits, it was suggested. The applicant's Intrathecal pain pump and Percocet were both renewed. On September 20, 2014, the applicant was given refills of oral Percocet and Intrathecal Duragesic. The applicant was given shots of IV Dilaudid and intramuscular tramadol in the clinic setting owing to a reported flare in low back pain. Multifocal pain complaints were evident on this date. In a progress note dated November 4, 2014, the applicant reported persistent complaints of neck and shoulder pain. The applicant was apparently pending evaluations with an orthopedic spine surgeon and an orthopedic shoulder surgeon, both of whom apparently requested that the applicant obtain updated MRI imaging. The applicant did exhibit hypo-sensorium about the left C6-C7 dermatome along with decreased range of motion and crepitation about the injured shoulder. The applicant posited that earlier shoulder corticosteroid injection therapy, earlier cervical epidural steroid injection therapy, and ongoing opioid therapy had failed to entirely

ameliorate the applicant's ongoing complaints of neck and shoulder pain. The attending provider went on to appeal previously denied shoulder and cervical MRI imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging of the cervical spine is "recommended" in the evaluation of neck and upper back complaints in applicants in whom there is a clear diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does have ongoing complaints of neck pain radiating to the left arm. Hypo-sensorium was appreciated about the left arm on multiple office visits, referenced above. The applicant has apparently failed earlier cervical epidural steroid injection therapy. The attending provider has contended that the applicant is pending an evaluation with an orthopedic spine surgeon, implying that the applicant would act on the results of the proposed cervical MRI imaging and/or consider surgical intervention involving the same. Therefore, the request is medically necessary.

MRI left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

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, MRI imaging is recommended in the preoperative evaluation of partial thickness or large full thickness rotator cuff tears. In this case, the attending provider did write on a November 4, 2014 office visit, referenced above, that the applicant had ongoing complaints of left shoulder pain, 4 to 7/10, which had proven recalcitrant to earlier shoulder corticosteroid injection therapy. The applicant did exhibit tenderness, crepitation, and diminished range of motion about the injured shoulder. As with the request for cervical MRI imaging, the attending provider contended that the applicant was pending an evaluation with an orthopedic shoulder surgeon, implying that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same. Therefore, the request is medically necessary.

