

Case Number:	CM14-0201907		
Date Assigned:	12/12/2014	Date of Injury:	04/28/2014
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 neck and shoulder pain reportedly associated with an industrial injury of April 28, 2014. In a utilization review report dated November 14, 2014, the claims administrator denied a cervical MRI. In several utilization review reports of the same date, November 14, 2014, the claims administrator also denied physical therapy and a right shoulder MRI. In each instance, non-MTUS ODG Guidelines were invoked exclusively. The claims administrator referenced an RFA form and associated progress note on November 12, 2014, it was also suggested. On October 20, 2014, the applicant reported persistent complaints of neck pain, upper back pain, and right shoulder pain. The applicant received acupuncture through another provider. The applicant was in the process of transferring care to a new primary treating provider (PCP), it was noted. The applicant also had unspecified amounts of physical therapy, it was further acknowledged. The applicant was on Motrin and unspecified muscle relaxants. The applicant exhibited 115 to 120 degrees of right shoulder range of motion versus 160 to 170 degrees of left shoulder range of motion. The applicant was not working, it was acknowledged. Symmetric upper extremity reflexes were noted. Tinnitus was noted about the trapezius and rhomboid musculature. The applicant's motor function was not clearly detailed. The applicant underwent plain films of the injured body parts. X-rays of the cervical spine were negative. X-rays of the thoracic spine demonstrated low-grade thoracic scoliosis. X-rays of the shoulder were read as normal. 12 sessions of physical therapy, MRI imaging of the cervical spine, thoracic spine, and right shoulder, and unspecified NSAIDs were endorsed while the applicant was placed off work, on total temporary disability. Earlier cervical MRI imaging of August 27, 2014 was notable for nonspecific straining of the cervical spine with a small disc osteophyte complex without significant mass effect on the cord also

evident. Physical therapy RFA form of June 9, 2014 acknowledged that the applicant had had 9 recent sessions of physical therapy authorized, only some of which had been attended. Additional therapy was sought as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical and/or thoracic spines is "recommended" in applicants in whom a diagnosis of nerve root compromise is suspected, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was/is no evidence that the applicant was actively considering or contemplating any kind of invasive procedure involving the cervical spine on or around the date in question. The fact that multiple MRIs were sought in parallel decrease the likelihood of the applicant's acting on the results of any one particular MRI and/or considering a surgical intervention based on the outcome of the same. The applicant had, furthermore, had previous cervical MRI imaging of August 27, 2014 which was essentially unremarkable and failed to uncover any evidence of a lesion amenable to surgical correction. It is not clear what precisely changed about the applicant's clinical presentation which would compel a second cervical MRI so soon removed from the date of the prior cervical MRI. Therefore, the request is not medically necessary.

Physical Therapy, cervical and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvements at various milestones in the treatment program in order to justify continued treatment. Here, the fact that the applicant is off work and remains dependent on unspecified NSAIDs and muscle relaxants, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite completion

of earlier physical therapy at various points over the course of the claim. Therefore, the request is not medically necessary.

MRI without contrast, right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 214.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the usage of routine MRI imaging for evaluation purposes without surgical indications is "not recommended." In this case, there is neither an explicit statement nor an implicit explanation that the applicant and/or attending provider would act on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same. Rather, the fact that MRI imaging of multiple body parts was concurrently sought decreased the likelihood of the applicant's acting on the results of any one particular study and/or considering surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

MRI without contrast, thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRIs

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the neck and/or upper back is "recommended" to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's actively considering or contemplating any kind of invasive procedure involving the thoracic spine on or around the date in question. It did not appear that the applicant would act on the results of the proposed thoracic MRI and/or consider a surgical intervention based on the outcome of the same. The applicant's upper extremity motor function was not clearly outlined on the October 20, 2014 office visit on which the thoracic MRI in question was sought. The fact that multiple MRIs were concurrently requested decreased the likelihood of the applicant's acting on the results of any one particular MRI and/or acting on the results of the same. Therefore, the request is not medically necessary.

Cortisone Injection right shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): Table 9-3, page 204..

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-3, page 204, corticosteroid injections into the subacromial bursa are recommended as "options" in the management of impingement syndrome of the shoulder, the diagnosis reportedly suspected here. The request in question, moreover, appears to represent a first-time request for shoulder corticosteroid injection therapy. Therefore, the request is medically necessary.