

Case Number:	CM15-0103889		
Date Assigned:	06/05/2015	Date of Injury:	10/28/2014
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following
 credentials: State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 62 year old male who sustained an industrial injury on 10/28/14 when a motor vehicle struck him, hitting his shin and elbows which caused him to fall on his hands and head. He immediately developed whole body pain in the back, neck, elbows and head. When he was medically evaluated he received pain medication (Norco), computed tomography of the head. He was on modified duty until 3/19/15 when he was laid off. He currently complains of pain in the bilateral shoulders and neck that radiates down to the bilateral elbows with intermittent numbness and tingling into the bilateral fingers, his pain level is 4/10 with medications; He has headaches that start from the lower part of his head 4/10); low back pain that radiates down to his bilateral lower extremities to the feet with numbness of the feet (4/10). On physical exam there was tenderness on palpation of the bilateral trapezius and rhomboid areas and positive Kennedy-Hawkins' test to bilateral shoulders; there was decreased range of motion of the cervical spine with tenderness on palpation; there was some tenderness on palpation of the lumbar spine and positive straight leg raise both sitting and standing to bilateral legs. Medications are Motrin and Norflex. Diagnoses include cervical sprain/ strain; lumbar sprain/ strain; bilateral shoulder sprain/ strain, rule out rotator cuff injury; headaches. In the progress note dated 4/20/15 the treating provider's plan of care includes a request for MRI of the cervical spine and bilateral shoulders to assess for soft tissue injury in these areas and there was no diagnostic testing done except for computed tomography.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine without contrast material:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Online Edition, Chapters: Neck and Upper Back, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not medically necessary.

MRI (Magnetic Resonance Imaging) of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Online Edition, Chapters: Shoulder, Magnetic Resonance Imaging (MRI).

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

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Criteria as outlined above have not been met in the provided clinical documentation for review. Therefore the request is not medically necessary.