

Case Number:	CM15-0107615		
Date Assigned:	06/12/2015	Date of Injury:	01/14/2013
Decision Date:	07/20/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 51-year-old female, who sustained an industrial injury on January 14, 2013. The mechanism of injury was a slip and fall. The injured worker has been treated for neck, bilateral shoulder, low back and right foot complaints. The diagnoses have included cervical spine sprain/strain, cervical degenerative disc disease, bilateral shoulder sprain/strain, lumbar disc protrusion and right foot contusion. Treatment to date has included medications, radiological studies, MRI of the lumbar spine, electro diagnostic studies, and physical therapy and epidural steroid injections. Current documentation dated April 7, 2015 notes that the injured worker reported neck pain with radiation to the bilateral shoulders, lumbar spine pain with radiation to the hips and right lower extremity and intermittent pain in the right great toe. Examination of the cervical spine revealed tenderness to palpation, a decreased range of motion and a positive Spurling's test. Examination of the shoulders revealed tenderness in the lateral deltoid on the right, a decreased range of motion, a positive nerve impingement test bilaterally and a positive apprehension test bilaterally. Lumbar spine examination revealed tenderness, a decreased range of motion and positive facet loading signs bilaterally. The injured worker was noted to have difficulty toe walking due to right great toe pain. The treating physician's plan of care included a request for an MRI of the cervical spine, diagnostic lumbar epidural steroid injections at lumbar five-sacral one, MRI of the bilateral shoulders and an internal medicine evaluation.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304.

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has neck pain without radiculopathy. There is no documentation of a change in medical condition to support obtaining an MRI Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Diagnostic Lumbar ESI at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

Decision rationale: According to the ODG, an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, sub acute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has bilateral shoulder pain but there is no documentation of motor weakness in the rotator cuff. There is no documentation of a change in medical condition to support the requested MRI studies. Medical necessity for the requested MRI studies has not been established. The requested studies are not medically necessary.

MRI Bilateral Shoulders: 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), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI Shoulder.

Decision rationale: According to the ODG, an MRI of the shoulder is indicated for the evaluation of acute shoulder trauma, suspected rotator cuff tear/impingement, in patients over age 40 with normal plain radiographs, sub acute shoulder pain, and suspected instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has bilateral shoulder pain but there is no documentation of motor weakness in the rotator cuff. There is no documentation of a change in medical condition to support the requested MRI studies. Medical necessity for the requested MRI studies has not been established. The requested studies are not medically necessary.

Internal Medicine Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations, page 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Internal Medicine consultation. Medical necessity for the requested service has not been established. The requested service is not medically necessary.